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UNFADING INK

10 PHYSICIANS should of OCCUPATION IS PERMANENT classifled. properly AGE may 80 50 back terms. plain Instructions Ë DEATH POF Important. CAUSE

### STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... Ilf death occurred in Ward) a hospital or institution. give ifs NAME Instead of sfreef and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day 7 AGE If LESS than day ..... hrs. The CAUSE OF DEATH\* was as follows: ....min. ? .mos. 8 OFCUPATION (a) Trade, profession, or Darticular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State ..... yrs. \_ \_\_\_\_ yrs. ..... mos. Where was disease contracted. If not at place of death? usual residence OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Housewife, Housework, or At Home, and children, not applies to each and every person, irrespective of age. ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially ln industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaectc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway frain-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-



### V. S. No. 1.

N. B.

e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Every liem of information should be carefully sur CAUSE OF DEATH in plain terms, so that it mail important. See instructions on back of certificate.

1 PLACE OF DEATH 17158 County Faltrinare (5)	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Carilor (No. 808, x) 2FULL NAME / Month Factor	St.; Ward)  [It death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male White Single,  Marrieo,  Widowed,  Ordinate word)	16 DATE OF DEATH Cef 24, 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Oct 24 1915	191 to Oct 24 1915,
7 AGE	snd that desth occurred on the date stated above, atm.  The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary
10 NAME OF CONTROL AND MINE	(Signed) 1/3 Villow M. D. Oct 24, 1915 (Address) 3031 Downells
11 BIRTHPLACE OF FATHER (State or country) Muryland  12 MAIDEN NAME OF MOTHER Marsy Stokes	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Manylow	At place of deathyrs mos ds. Stateyrs mos ds
(Interment) COST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Filled GeV. 25 1915 VI. E. Phil Variable REGISTRAN	19 PLACE OF BURIAL OR REMOVAL  Bachmans benutery  Och: 25, 1915  Pundertaken  Address  3204 O'Domell

If more blanks are needed, address State Registrar, & E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucissis of lungs, meninges, peritonaeum, etc., Carcine

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 2 1915 BUREAU.V.S.

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Very pinons CCUPATION YSICIANS statement PERMANENT properi UNFADING back 0 plain See Instructions = DEATH ō Item OF Important. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred to a hospitat or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OF RACE MARRIED, WIDOWED ORDIVORCED (Write the word) (Day Y. That I attended deceased from (Month) (Day (Year) TAGE tf LESS than and that death occurred on the date stated above, at 12-3070 t day ......hrs. The CAUSE OF DEATH \* was as follow. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... mos. ... State ..... yrs. \_\_\_\_ mes. Where was disease contracted. If not at place of death?. usuat residence DATE OF BURIAL 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,



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who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—In all expect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Mcastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligscpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (c. g., LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-Brouchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Measles "Senile," etc.), "Dropsy," "Exhaustion," (disease causing death), 29 ds.; (secondary or intercurrent) Never report



PLACE OF DEATH County 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	STATE OF MARYLAND CERTIFICATE OF DEATH
MUNICIPAL TUBERCULOSIS	HOS Registration Dist. No.
Vitlage or City (No. , )	St; Ward)  [It death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX ale BOLOR OR RACE 5 SINGAE, MARRIEO, WINDOWS OR BATCHEO (Write the word)	16 DATE OF DEATH  (Month)  (Mo
6 DATE OF BIRTH	Clug 10, 1915, to Oct 17, 1915
7 AGE (Month) (Day) (Year)  7 AGE tt LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 300m  The CAUSE OF SEATH * was as follows:
(b) General nature of industry business, or establishment in which employed (or employer)	(Ourallon) yrs. 3 mos. / 7 ds
State or country)  10 NAME OF FATHER BULLES Ball.  11 BIRTH PLACE OF FATHER (State or country)  12 MANDEN NAME OF MOTHER  14 MANDEN NAME OF MOTHER  14 MANDEN NAME OF MOTHER  15 MANDEN NAME OF MOTHER  16 MANDEN NAME OF MOTHER  17 MANDEN NAME OF MOTHER  18 MANDEN NAME OF MOTHER  19 MANDEN NAME OF MOTHER  10 MANDEN NAME OF MOTHER  11 MANDEN NAME OF MOTHER  12 MANDEN NAME OF MOTHER  13 MANDEN NAME OF MOTHER  14 MANDEN NAME OF MOTHER  15 MANDEN NAME OF MOTHER  16 MANDEN NAME OF MOTHER  17 MANDEN NAME OF MOTHER  18 MANDEN NAME OF MOTHER	(Signed) E . S . CO. J.Z
13 BIBTHPLACE OF MOTHER ((State or country))  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) All place In tha State of death or state of death?  Former or usual residence 3 2 5 W Pract of the state of death or state or
Filed Oct 18, 1915 Miriam Balon REGISTRAR	PLACE OF BURIAL OF REMOVAL  OATE OF BURIAL  OATE OF BURIAL  OATE OF BURIAL  OATE OF BURIAL  ADORESS  ADORESS  609 bonell
U If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, ctc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skill state means of injury and qualify as accidental, surgical operation was undertaken. For violent peating on Nomenclature of the American Medical Association. head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as Imobably such, if impossible mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc?), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial to determine definitely. "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, ehopneumonia (secondary), 10 ds. nephritis, etc. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from elaidrailway train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Aecidental drowning; State cause for which Never report mere important.



PERMANENT RECORD

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UNFADING INK-THIS.

WITH

PLAINLY,

WRITE

N. B.

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VIIIage or City Back Revision Country Baltimore  VIIIage or City Back Revision Country William	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.   St.; Ward)  St.; Ward)  Bartal  Bartal
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Holate Single, Married Wisowes, Words (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I hereby Certify, That I attended deceased from
7 AGE  JENNEY  (Month)  (Day  (Year)  It LESS than t day, hrs.	that I last saw h alive on 191, 191
yrs business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:  Death caused by bring hit by train  54 North bound on the Penna R. R.  meur Back River.  (Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Rarl Barle!  11 BIRTHPLACE OF FATHER (State or country)  12 Maiden NAME OF Grandary  12 Maiden NAME OF MOTHER	(Signed) (Duration) yrs mos ds.  (Signed) (Address) Polyada MA  *State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Thank A but has the	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, It not at place of death?  Former cr  usual residence
(Address) 3 4 A are Share Shar	20 UNDERTAKER  WILLIAM FORM  ADDRESS  FORM  FORM  ADDRESS  FORM  FORM  FORM  ADDRESS  FORM  FORM  FORM  ADDRESS  FORM  F



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers statement. Never return "Laborer," "Foreman," who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head Injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," genital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease eausing death), 29 ds.; For vio-



PERMANENT

should OCCUPATION PHYSICIANS of properly 0 back ATH in plain instructions = DEATH 10 OF mportant. la1 CAUSI

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .....Ward) a hospital or lostitution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I ettended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, .... hrs. The CAUSE OF DEATH \* OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) (Buration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) \_ mos. 2.0 ds. ..... Yrs. .... State ..... yrs. \_\_\_\_ mos. ... Where was disease contracted. 14 THE ABOVE IS MY KNOWLEDGE It not at place of death? usual residence. of 0.0 OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, widress State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care material worked on may form part of the second applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. -CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstilial nephrilis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor", for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exbaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report



Cour	PLACE OF DEATH  17163	STATE OF MARY CERTIFICATE OF Registration Dist.	DEATH
VIIIa	ge or City Bay View Arylum (No. 017Y, HO	SPITAL St; Ward)	[If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SE	dle Black Single MARRIED OR DIVORCED (Write the word)	16 DATE OF DEATH October (Month)	21st , /9/5 (Day) (Year)
6 DA	TE OF BIRTH, 1.87.6 (Month) (Day) (Year)	that I last saw him. alive on Octob	ber 21st, 5
1 (b	If LESS than 1 day, hrs. 1 day, hrs. OR min.?  CCUPATION ) Trade, profession, or rilcular kind of work ) General nature of lodustry siness, or establishment in ich empleyed (or empleyer)	The CAUSE OF DEATH * was as follows:  - Suphilitic and  Outer oscle by  (Oursilon)	i tis ciency
	RTHPLACE (State or country)  Birginia	Contributory // Lyo Cardo Secondary  Lieucy (Ourston)	al in-
	oname of John A. Beasley	(Signed) (Signed)	778. MOS. 48
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Virginia  12 MAIOEN NAME OF MOTHER Racheal Roney	*State the DISEASE CAUSING DNATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2) SUICIDAL OF HOMICIDAL.	whether ACCIDENTAL,
	13 BIRTHPLACE OF MOTHER (State or country) Virginia	OR RECENT RESIDENTS) All piscs in the of death	yrs wes da
	(Informant)	If not st place of death?  Former or usual residence GIXY HOSPITAL	
16	(Address) Sur Sur	B. V. W.	ATE OF BURIAL  DORESS
	FEGISTRAR	namer Holysay	10.0.0.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### SED UNITED STATES

16

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Scrvant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully —(*coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* precise specification as Duy laborer, Farm laborer, Laborer mill; (a) Salesman, (b) (rocery: (a) Foreman, (b) Autoonly when needed. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marwsmus," "Old Age," "Shock," "Uracmia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," cough; Chronic vulvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from chiklor miscarriage as "Puerpenal seplichaemia," The contributory (secondary or intercur-Poisoned by carbolic acid—probably important.



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	A PERMAI should be be proper	6 (
FOR	THIS IS	8
RESERVED	NFADING INK—T carefully supplied ain terms, so the instructions or	7,,
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	PARENTS
	WRITE y Item of Infor- ild state CAUSI UPATION is v	14 7
S. No. 1.	B.—Ever	15 FI

	age or City	of DEATH altimore Bay View Asylum LL NAME Ma		GITY H	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 41  St.; Ward)  [If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSOI	NAL AND STATIS	TICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
3 SE	emale	*color or mace White	5 SINGLE, MARRIEDMA: WIDOWED OR DIVORCED (Write the word)	rried	18 DATE OF DEATH October 18th , 191 (Month) (Day) (Year)
7 AG	ATE OF BIRT	H (Mor	tb) (Day)	, 1.859 (Year)	October 9th , 191 5, to October 18th, 191 5 that I last saw her alive on October 18th, 191 5 and that death occurred on the date stated above, at 7 An
1 10	CCUPATION  a) Trade, profess  rticular kind of  b) General nature	Work	omestic	1 day, hrs.	The CAUSE OF DEATH * was as follows: Emphy Sema : arterios cleros. abdomidal ventral hermae
Wh	siness, or established employed (ell IRTHPLACE (State or count 10 NAME OF	rempleyer)try) German	y		Contributory My cardial and rene secondary (Burellon)?
RENTS	11 BIRTHPL	John B			(Signed)
Ø.	13 BIRTHPL OF MOTH (State or	Cathe	rine Rhin ermany		18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of deeth
15 File	(Informant) (Address)	8 1910 191	isiam/	Buer	Former or usual residence N. Eutaw St. next to #7 Engin  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  OWALL  ADDRESS  OW. Sayatoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Luborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auloonly when needed. As examples: (a) Spinner, (b) Couon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite Nonc. For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified, is indefinite);

and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Scnile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Struck by railway train-accident; Revolver wound of "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connephrilis, ctc. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal scptichaemia," "Coma," "Convulsions," "Debility" ("Con-"Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-Poisoned by carbolic Never report mere acid-probably important.



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### PHYSICIANS shoul RECORD PERMANENT statemen EXACTLY. classified. D -THIS properly INK pe supplied UNFADING may WITH terms, plain 5 DEATH 50 OF Every It

certificate. of back LO instructions See

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred is · a hospital or lostitution. give Its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Month) (Dav (Year) Write the word HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at. t day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_ Where was disease contracted, THE ABOVE IS TRUE If not at place of death? Former or (Intormant) usual residence. mportant. BURIAL OR REMOVAL (Address). DATE OF BURIAL 15 2 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," For VIO-



Village or City MT. Pleasant Sanato  ONCH! Basant	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33  [If death occurred in a hespital or institution, give its HAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, Single	16 DATE OF DEATH  OUT 29 (Month) (Day) (Year)
(Write the word)	I HEREBY CERTIFY, That I attended deceased from 1130 HM. Oct. 29, 1915, to 5,20 PM. Oct. 29, 1915 that I last saw h alive on
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General natore of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MORRISHMENT  17 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME	Contributory Tubriculus Largetion  (Signed)  Oct. 29, 1915 (Address) Mt. Pleasant San
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  M. Dussant San:	*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, 1 yrs. mos. ds.  Whare was disease contracted, Balturer Former or used residence 2 1 0 1 Orleans St.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 10 1 Orleans St.
FREE Och, 29, 1915 AVIII AR  PEGISTRAR  If more blanks are needed, address State Registrar, I	Jack Leurs 1419 E. Bette. St.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician. Compositor. Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) (rocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as House wife, Housework, or At Home, and children, not gamfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever write None.

Statement of Cause of Death—Name, first, the DISCASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping rough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurcent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mercly symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure." "Heemorrhage," "Inanition," "Marasmus." "Old Age." "Shock." "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from ehildbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State eause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenelature of the American Medical Association.)

if the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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		IS should state ATION IS very
	RECORD	PHYSICIAN of OCCUP
0.1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		Z.

County Baltimore	CERTIFICATE OF DEATH
Village or City Canton (No. Secon	Registration Dist. No.  [If death occurred in a hospital or institution, give list AMME instead and anyther anyther and anyther anyther anyther and anyther anyther and anyther anyther anyther anyther and anyther anyther anyther and anyther anyther anyther anyther and anyther anythe
FULL NAME august 10	essery of Street and Humbor.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Widowed, ORDIVORCED (Write the word)	(Month) (Day (Year))  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH ang 9 1836	Oct / 1915 to Oct 15 , 1915
7 AGE (Moth) (Day (Year)  1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m  The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of industry,	Serility
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Mot Known	(Signed) (Suration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Mot Known	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death
(Informant) agaste Bettley	Where was disease contracted, It not at place of death?  Former or usual residence.
15 File Oct. 17. 1815 U.E. M. Clauality	19 place of Burial or REMOVAL DATE OF BURIAL  28 UNDERTAKER  ADDRESS  17 0 1
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



# CERTIFICATE OF DEATH

[Approjed by U. S. Census and American Public Health Association.]

ion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an For many occupations a single word or term on the applies to each and every person, irrespective of age. ibss of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second ases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, etc. But in many erst line will be sufficient, e. g., assary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of Never report



8

### Very PHYSICIANS should of OCCUPATION IS County RECORD statement PERMANENT EXACTLY. stated classified. 4 be 12 . AGE should properly classif TAGE UNFADING INK-THIS supplied. pe may certificate. 9 BIRTHPLACE (State or country) carefully that 80 50 WRITE PLAINLY, WITH pe terms, PARENTS should 0 in plain See Instructions of Information DEATH CAUSE OF Item Important.

BOCCUPATION (a) Trade, protession, or

particular kind of work

(b) General nature of industry, business, or establishment in

which employed (or employer)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).

15

OF FATHER (State or country)

1 PLACE OF DEATH		ry s	00	
Baltimore	, i	6 .1.	68	1
- Laring Oll	Z			10

PERSONAL AND STATISTICAL PARTICULARS

an

Meller

(Month)

4 COLOR OR RACE

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. WZ

St.;Ward)	[It death occurred in a hospital or lostitution,		
	give its NAME instead		
	of street and number. ]		

5 SINGLE,

MARRIED.

WIDOWED.

(Day

Write the word)

(Year)

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Remesting V. S. No. 1.

It LESS that

1 day .....hrs OR ..... min. ?

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	Od.	6	, 1915
	(Month)	(Day	(Year)
	CERTIFY, That		
Sept 18, 19	15 to Q	1.6	, 191.5
that I last saw hand all	10 an (O)	4 6	1915
			4 .
and that death occurred o		d above, at	/d. wm
The CAUSE OF DEATH *	was as follows:		
Thrush.		PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP	
		************************	*********
· · · · · · · · · · · · · · · · · · ·	** *** *** ** ** ** ** ** ** ** ** ** *	170100000000000000000000000000000000000	
	<b>25</b>		
······	(Duration)	yrs	.mosds
Secondary	aulton		***********************
	(Duration)	yrs.	.mosds
(Signed) James +			
	/\		
(A	ddress) & -	- Us	to starte
*State the DISEASE CA	USING DEATH, OF	r, in deaths f	rom VIOLENT
CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	IS OF INJURY; a	nd (2) wheth	her Acciden-
18 LENGTH OF RESIDENCE	E (FOR HOSPITALE	INSTITUTIONS	TRANSIENTS
OR RECENT RESIDENTS/		,	, I HANSIER IS
At place of death yrs mos.	18 ds. State	угѕ,	moc de
Where was disease contracted.	de diale	, , , , , , , , , , , , , , , , , , ,	. mus., us
It not at place of death?			
Former or usual residence 1807	Wilhelm	c SI	······································
19 PLACE OF BURIAL OR	REMOVAL	DATE OF	DILDIA!

... 191.5.

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEEAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report



V. S. No. 1.

Villa	ge or City Catonsville (No. Spring)	Registration Dist. No. 30  From State & Ward of a [If death occurr a hospital or Institutive give its NAME in ot street and number of s
	2 FULL NAME Carl 2 130	ven
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
In 6 DA	4 COLOR OR RACE SINGLE, MARRIED, Single Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (17 I HEREBY CERTIFY, That I attended deceased 2nch 23 11
	Jept 14, 1887. (Month) (Day) (Year)	that I last saw himalive on Och 22,1
7 AG		and that death occurred on the date stated above, at 3
	28 yrs	The CAUSE OF DEATH * was as follows:
(8	CCUPATION  1) Trade, profession, or Le	A.,
pa bu wh	rticular kind ot work  ) General nature of industry siness, or establishment in nich employed (or employer)	General Jaresia (Duration) yra 6 mos.
pa bu wh	o) General nature of industry	Contributory Ocrebal Effice  (Duration) yrs. 6 mos.  Contributory Ocrebal Effice  (Duration) yrs. mos.
9 B	o) General nature of industry siness, or establishment in nich employed (or employer)	Contributory Obrebal Effusion
Pa B STN B B B B B B B B B B B B B B B B B B B	10 NAME OF FATHER Enoch a Bowen  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF (State or country)  13 MAIDEN NAME OF (State or country)  14 MAIDEN NAME OF (State or country)	(Signed) Carebal Effuse  (Duraflon) Tre mos  (Signed) Carey Washe  (Signed) Caton suble  (State the Disease Caton or in deaths from Viole
9 B	10 NAME OF FATHER  OF FATHER  (State or country)  11 BIRTHPLACE  OF FATHER  (State or country)  Maryland  12 MAIDEN NAME  OF MOTHER  OF MOTHER  Maggie Stateling  13 BIRTHPLACE	(Signed) (Duration) Training Mos.  (Signed) (Durati
PARENTS B	10 NAME OF FATHER Enoch a Bowen  11 BIRTHPLACE (State or country) Maryland  12 MAIDEN NAME OF MOTHER Maggie Stateling  13 BIRTHPLACE OF MOTHER Maggie Stateling  14 BIRTHPLACE OF MOTHER Maggie Stateling  15 BIRTHPLACE OF MOTHER Maggie Stateling  16 BIRTHPLACE OF MOTHER Maggie Stateling  17 State or country) Maryland  18 BIRTHPLACE OF MOTHER (State or country) Manyland	(Signed) (Duration) Transcribed (Signed) (Duration) (Duration) (Signed) (Duration) (Signed) (Duration) (Signed) (Duration) (Duration) (Signed) (State the Disease Causing Death, or, in deaths from Viol. Gauses, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal.  18 Length of Residents)  At place of death Transcribed, 2 ds. State, 2 Gre. 1 mos.
PARENTS B	10 NAME OF FATHER Enoch a Bowen  11 BIRTHPLACE (State or country) Maryland  12 MAIDEN NAME OF (State or country) Maryland  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER  16 BIRTHPLACE OF MOTHER  17 BIRTHPLACE OF MOTHER  18 BIRTHPLACE OF MOTHER  19 BIRTHPLACE OF MOTHER  10 BIRTHPLACE OF MOTHER  10 BIRTHPLACE OF MOTHER	Contributory Care Bal Effective Secondary  (Duration) yrs mos.  (Signed) Care Galler Care Care Care Care Care Care Care Ca
PARENTS B	10 NAME OF FATHER Enoch a Bowen  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF (State or country)  13 BIRTHPLACE OF MOTHER Maggie Stateling  14 BIRTHPLACE OF MOTHER Maggie Stateling  15 BIRTHPLACE OF MOTHER Maggie Stateling  16 BIRTHPLACE OF MOTHER (State or country)  17 MAIDEN NAME OF MOTHER Maggie Stateling  18 BIRTHPLACE OF MOTHER (State or country)  19 BIRTHPLACE OF MOTHER (State or country)  10 NAME OF MOTHER Maggie Stateling  11 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)	(Signed)  (Signe



[Approved by U. S. Census and American Public Health
Association.]

precise specification as Day laborer, Farm laborer, Laborer or given up on account of the DISEASE CAUSING DEATH, the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery: (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, urespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part As examples: (a) Spinner, (b) Catton At home. Care should be Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningulatified, is indefinite); Tubercubosis of lungs, meninger than the disease of lungs, meningulations of the disease of lungs, meningulations of lungs, me

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent beaths "Heart failure," "Hemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Ura mia," "Weakness." on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of "PUERPERAL peritonitis," etc. State cause for which genital," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; If hooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc.; of . . . . . birth or miscarriage as (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Senile," The contributory (secondary or intercuretc.), "PUERPERAL septicha mia, "Dropsy," "Atrophy," "Col-"Exhaustion," ("Con-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

A COLOR

County Sallemere 17170	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or Gity Phesoillano Green 2 FULL NAME May 16 1	Registered No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Formula Market Single, MARRIED, WIGOWED, OR OF BIRTH	18 DATE OF DEATH  (Month)  (Day)  (Year)  1 HEREBY CERTIFY. That 1 attended deceased from		
(Month) (Day) (Year)	that I last saw her allve on Del 2/ 191 sand that death occurred on the date stated above, at Pr. m.		
B OCCUPATION (a) Trade, profession, or	The CAUSE OF DEATH* was as follows:		
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs 6 mos ds.		
(State or country)  10 NAME OF FATHER Grafton Bowen  11 BIRTHPLACE (State or country) & allo, 60.  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)  State the Disease Causing Death, or, in deaths from Violent Causes, etate (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country) 12 SCO	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.		
(Informant) E div and Lower  (Address) The BEST OF MY KNOWLEDGE  (Address)	Where was disease contracted, If not at place of death?  Former or  usual residence		
Filed Oct - 92, 191 5 Hmy G. Maybor REGISTRAR	20 UNDERTAKER CO. A Klady Pikesville		
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second it should be used only when needed. For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purspenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 affection need not be stated unless important. nant ncoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailyture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (name origin: "Can-"Exhaustion," Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Balto - 17171	CERTIFICATE OF DEATH
County Salts	(Y) 143
11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Registration Dist. No.
Village or City (No. 19 Oat	avea ave St.: Ward)   [If death occurred in
	a hospital or institution, give its NAME instead
2 FULL NAME Harry M Bres	n Er. of street and nomber.]
-FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH OF L
Male white MARRIED Married WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
	1 HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	July 15 1915, 10 Oct 14 , 1915
(Month) (Day (Year)	that I last saw ham alive on Oct 13
7 AGE (Month) (Day (Year)	40
1 day hre	and that death occurred on the date stated above, at
2 3 yrs 8 mos ds OR min.?	THE CRUSE OF DEATH * Was as follows:
8 OCCUPATION (a) Trade, profession, or	Chronic Interctibe On Eblordes
particular kind of work struggraphes	7
(b) General nature of Industry, business, or establishment in	5 /
which employed (or employer)	(Duration) yrs mos. ds.
9 BIRTHPLACE (State or country) Balto. 7990.	Secondary
Totale or country) Salto. 144.	
10 NAME OF Harre C. Bremer	(Quration) yrs mos 3 ds.
	(Signed) Fellies N. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAINTER NAME OF MOTHER OF Line)  7 12 MOTHER OF Line)	Oct 14, 191 (Address) 1227 27 20 fayelle Cler
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Closofice C. Jaylor	
*	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Balto. Ind.	At place In the
14	of death yrs mos ds. State yrs mos ds Where was disease contracted.
600 - P (12)	If not at place of death?
(Informant) allowateres G. Wremen	Former or usual residence.
(Address) 29 Batavia ave.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 O	Aturd Reder Och 12 5
Flor Oct No me 5 Ho to CV t	20 UNDERTAKER ADDRESS
Filed 19: 131 9 V. Cay for	Ulmf. ~ 2 83 1
If more blanks are needed, address State Regist	



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (mercly symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for mallg. oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertalned as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For Vio-



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classifled.

1 PLACE OF DEATH

### STATE OF MARYLAND

CERTIFICATE OF DEATH

Registered No [if death occurred in Ward) a hospitat or institution.

give its NAME instead of street and number. 1

16 DATE OF DEATH	Oct-	11	101
*******************************	(Montb)	(Day)	., /9/.L (Year)
17 I HEREBY	CERTIFY, That I	attended dec	
	91, to		191
hat I last saw h al	lve on		ı di
			, 191
and that death occurred o		bove, at	r
he CAUSE OF DEATH *	was as follows:		
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She	22 am	2	
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4	a (uoranion)	yrsm	os
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Signed) VIVVVVVV			
MPX-11 5		//	0/11
OCT 11, 191.5 (1	Address) Ross	ville	m
*State the DISEASE CA	Address) Ross	deaths from	VIOLENT
*State the DISEASE CA	Address) Ross	deaths from	VIOLENT ACCIDEN
*State the DISEASE CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMI	Address) Rosa USING DEATH, or, his of Injury; and	deaths from (2) whether	ACCIDEN-
*State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMI	Address) Rosa USING DEATH, or, his of Injury; and	deaths from (2) whether	ACCIDEN-
*State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOME **BLENGTH OF RESIDENC OR RICENT RESIDENCE	Address) Rosa USING DEATH, or, his of Injury; and	deaths from (2) whether	ACCIDEN-
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*State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOME **BLENGTH OF RESIDENC OF RECENT RESIDENTS) At place of death yrs mos.	Address) Ross USING DEATH, or, his of Injury; and CIDAL.  CE (FOR HOSPITALS. I in the	deaths from (2) whether	ACCIDEN
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*State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMI	Address) Ross USING DEATH, or, his of Injury; and CIDAL.  CE (FOR HOSPITALS, I in the ds. State	n deaths from (2) whether  NETITUTIONS, 1  yrs,	ACCIDENT FRANSIENT OS d

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. . (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. the nature of the business or industry, and therefore an For many occupations a single word or term on the applies to each and every person, irrespective of age. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—I affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercuosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. by carbolic acid-probably suicide. The nature of th such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisone Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probable which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can death), 29 "Exhaustion," Never report Examples use for



important.

PHYSICIANS

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[Approved by U. S. Census and American Public Realth Association.]

Statement of Occupation-Precise statement of occupaengaged in domestic service for wages, as Screant, Cook, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, employed, wife, Hausework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) (.rocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwrite None. taken to report specifically the occupations of persons precise specification as Day luborer. Farm lubarer, Laborer "Foreman," "Manager," "Pealer," etc., without more mobile factory. The material worked on may form part is provided for the latter statement; it should be used first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in the second statement. Compositor, Architect, Locomotive For persons who have no occupation whatever, as At school or At home. Care should be Never return engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on statement of eause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths symptoms or terminal conditions, such as "Asthenia," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. on Nomenelature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbalic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping to determine definitely. Examples: Accidental drowning; birth or miscarriage "Heart failure," "Hoemorrhage," "Inanition," "Marasgenital," "Senile," etc.), chopneumonia Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uraunia," "Weakness," Always qualify all diseases resulting from ehild-The nature of the injury, as fracture of skull, (secondary), 10 ds. The contributory (secondary or intercuras "Puerperal septicharmia," "Dropsy," "Exhaustion," Never "Atrophy," report mere ("Con-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. 8. No. 1.

County Baluin 17174	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33		
VIIIage or City rear Glynder (No	St; Ward)  Brown  [If death occurred in a hespital or institution, give its MAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)  6 DATE OF BIRTH  Och 4 1915	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from , 191, 191		
(Month) (Day) (Year)  7 AGE  If LESS than 1 day,	and that death occurred on the date stated above, at		
parlicular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Page 1921	(Duretion) yrs mos de  Contributory Secondary  (Duretion) yrs mos de		
11 BIRTHPLACE. OF FATHER  (State or country)  12 MAIDEN NAME	(Signed)		
of MOTHER Gertrude Jeal  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death		
(Informant) alfred Brown (Address) Glynson My	If not at place of death?  Former ar  we use it residence  19 PLACE OF BURIAL OR REMOVAL  Place Of BURIAL  Och Hander 1815		
Filed Oct. 4 <sup>-2</sup> , 191 5 JVVIllada REGISTRAR  If more blanks are needed, address State Registrar, 1	20 UNDERTAKER APDRESS Thys. L. B. Smore Thys. L. B. Smore		

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and quasation) using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Drohtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for p alignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Ansemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

N. B.

1 PLACE OF DEATH	STATE OF MARYLAND
County Baltimore 17175	CERTIFICATE OF DEATH
Village or City Mt Hope M. Mo. M. M. M. Po. M. M. Mary Elipabeth	Registration Dist. No. 32  Hope Retrieval St.; Ward)  Buckler  Registration Dist. No. 32  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single, windle with the work	16 DATE OF DEATH Och / S , 1915 (Month) (Day (Year)
6 DATE OF BIRTH Hug 7 11 1842	17 I HEREBY CERTIFY, That I attended deceased from Steplswith 1915, to Och 18 1915, that I last saw here alive on Och 18 1915
7 AGE	and that death occurred on the date stated above, at
(a) Trade, protession, or Religious & Charily  particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	Of Itears— Rushal—  abt (Duration) yrs. 6 mos. 0 ds.  Contributory Ex.—  Secondary
9 BIRTHPLACE (State or country) Bavaria —  10 NAME OF FATHER Michael Buchler  11 BIRTHPLACE OF FATHER (State or country) Bavaria	(Signed) Frank & Flanny, M. D. Och 18th, 1916 (Address) Mh Hope Retrict
11 BIRTHPLACE OF FATHER (State or country) Bavaria  12 MAIDEN NAME OF MOTHER Mary Thanklew Michel  13 BIRTHPLACE OF MOTHER (State or country) Bavaria  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the Doub Kerow of the death
(Interment) Ricords of My Knowledge	Where was disease contracted, Md — if not at place of death?  Former or Balliware
Filed Cetiq 1915 - Mm. G. Quer REGISTRAR	PLACE OF BURIAL OR REMOVAL  MAJORE Cendley  20 UNDERTAKER  LEWEST MORENCE 108 W North G.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: mine, etc. "Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Con themia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of State cause for Never report For vio-



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Salts	Registration Dist. No. 4/
Village or City Colgate (No. Pirs	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Phite Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Lay (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h allve on, 191
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
55 yrs. mos 5 ds. Or. min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or	tockerly & rowning,
particular kind of work	Crabably Suiged!
business, or establishment in which employed (or employer)	(Duration) yrsmos,ds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF Win Burrill	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country)  Ougland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal,
of Mother and Fodden	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  Ougland	At place in the of death yrs
(Informant) Control of My Knowledge	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) ashington ()	Serrement Country Date of Burial
Filed Oct. 18, 191 C. The Cauchy REGISTRESS	Printing Miller 2334
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion," For vio-



V. S. No. 1.

1 PLACE OF DEATH

Cour	PLACE OF DEATH  Ty Baltimore	17177	(	31)	STATE OF MACERTIFICATE	OF DEATH
Villa	ge or City Bay View Asylum.					[If death occurred a hespital or institution give its MAME instead of street and number
	PERSONAL AND STATISTIC	CAL PARTICULA	RS		MEDICAL CERTIFICATE	OF DEATH
3 5 E	Male Black	SINGLE, MARRIED, WIDOWED WID OR DIVORCED (Write the word)	owed	16 OATE OF D	October (Month)	10th, 191 (Day) (Yes
6 DA	TE OF BIRTH	1.	1855	October	REBY CERTIFY, That I a 5th 1915, to Oct.	tober 10th, 191
C par	E 60 yrs. me CCUPATION ) Trade, profession, er ticular kind of werk Wait ) General nature of industry	sds.	(Year)  If LESS than  1 day, hrs.  OR min.?	The CAUSE Couph:	th occurred on the date s  OF DEATH * was as follow  It is a or to to  c in suffice  Tation of a	estated above, at 9.00 pws:
9 BI	iness, or establishment in ch employed (or employer)	ginia	(a	Contribute	ory yelongsheptioner (Buration)	yrs. mos.
ENTS	10 NAME OF FATHER UNKNOW  11 BIRTHPLACE OF FATHER (State or country)  12	n		(Signed)	JPJyr	OSPITAL
PAR	12 MAIDEN NAME OF MOTHER Bessie J 13 BIRTHPLACE OF MOTHER (State or country) Virgini				RESIDENCE (FOR HOSPITALS ESIDENTS)	, INSTITUTIONS, TRANSIEI
	E ABOVE IS TRUE TO THE BEST (			Where was diseese If not al place of a		••••••
16 File		iam B	US/	Laur 20 UNIOERTAKI Felip	1000	DATE OF BURIAL  10/1 3 1915  ADDRESS  102 & Multury



[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully precise specification as Doy laborer, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used Housemaid, etc. Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . state means of injuny and qualify as accidental, surgical operation was undertaken. For violent deaths etc., when a definite disease can be accertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Mcasles; Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railwoy troin-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning or miscarriage The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause Never report mere wound



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in .....Ward) a hospital or institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav (Year) ORDIVERCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory. BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or couptry \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death ...... yrs. ..... mos. ..... ds. State ..... yrs \_\_\_\_ mos ..... ds Where was disease contracted, 14 THE ABOVE IS TRU it not at place of death? Farmer or usual residence. DATE OF BURIAL (Address). 15 ADDRESS REGISTRAR If more blanks are negded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Consus and American Public Health Association.]

additional live is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of illwho receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and childreu, not who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis naut neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a defluite disease cau be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) injnry, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), may be stated under the head of (Recommendations ou statement of "Dropsy," "Exhaustiou,"



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### P . OCCUPATION HYSICIANS PERMANENT UNFADING INK-THIS supplied. be may certificate. 0 5 0 WITH back terms, PLAINLY. plain Instructions Information \_ DEATH WRITE See 0 Item 10 mportant.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in a hospital or lostitution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Month) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS fhan f day hrs. The CAUSE OF DEATH\* was as follows: -min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death \_\_\_\_ yrs. \_\_\_\_ ... mos. .... State \_ Where was disease contracted. If not at place of death? Former or usoal residence. DATE OF BURIAL 15 30 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Manklin St., Balto., Requesting V. S. No. 1.

(Year)



[Approved by U. S. Census and American Public Health Association.]

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mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1915
BURDAU, V.S.

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### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Baltimm Registration Dist. No. Ilt death occurred to a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED. (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH , 1915, to OOW that I last saw h. Q. allve on Ireal 12 (Month) (Dav and that death occurred on the date stated above at O, Go P. 7 AGE If LESS than t day, thrs. The CAUSE OF DEATH\* was as follows: mos & presuls 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory State or country) Secondary PARENTS 11 BIRTHPLACE 12, 1915 (Address) 8/7 Ham toulassus OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE Af place in the OF MOTHER (State or country) ot death ...... yrs. ..... mos. .... ds. State \_\_\_\_ yrs, \_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE It not at place of death?... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER 5

If more blanks are needed, address State Registrar, o.E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

. CAUSING DEATH, state occupation at beginning of illcated thus: Farmer (retired 6 yrs.) For persous been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatemeut. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None, material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

N. B.-

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PLACE OF DEATH 1718(	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No. 36
Village or City Sar	St.; Ward)  [It death occurred in a hespital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIEO, WIOWED  OR DIVORCED  (Write the word)  6 DATE OF BIRTH  Color or RACE  (Write the word)	16 OATE OF OEATH  (Month)  (Day)  (Yoar)  17   HEREBY CERTIFY, That I attended deceased from Colors  (1916)  (that I lest saw 16 9116 on Colors  (1916)
7 AGE  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  (Age of the second of the se	and that death occurred on the date stated above, at
OCCUPATION (a) Irade, profession, er (b) General nature of industry business, er establishment in which employed (or employer)	Lead Born at Stock meet
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIOEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	(Signed)
(Informant)	Where was disses contrasted,  if net at place of death?  Farmer or  uesst racidence
(Address) Parsalow All 15 Wes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ROAR Parkley CCF Get 39, 105

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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

UNGERTAKER

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autowrite None. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Maraethaurt failure," "Haemorrhage," "Inantion," "Maraethaurt failure," "Maraethaurt failure," "Haemorrhage," "Inantion," "Maraethaurt failure," "Haemorrhage," "Inantion," "Maraethaurt failure," "Maraethaurt fa cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on statement of eause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably eause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Old Age," "Shock," "Uraemia," "Weakness," by railway train-accident; Revolver wound of The contributory (secondary or intercur-Never report mere



A	Coun	h /5	all				ALC G TA COM
LY. PHYSICIAN Exact statement		ge or City	R.	Jul.	even 0	(No.	oole a
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stated ly class	Jie Jie	x male	* COLOR C	A HACE	OR DIV	ED. UM	arried.
A PERIMANEN should be state / be properly cl f certificate.	6 DA	TE OF BIRT	H	uly	16 A	(Day)	1883 (Yosr)
	7 AG	E		0			If LESS than
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LY, WITH UNFAUING INK—I HIS n should be carefully supplied. AC DEATH in plain terms, so that it in portant. See instructions on bac	X par (b bus whi	CUPATION ) Trade, protes ticular kind of ) General natur inless, or esta ch employed ( RTHPLACE (State or count  10 NAME ( FATHE  11 BIRTHP OFFAT	work re of industry industry industry in or employer)	0		noek	A Company of the Comp
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B. B.	16 File	oct.	9 , 191	516.	F. C.	lay	Town REGISTRAR

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ....

St.; .....Ward) a hospital or institution,

Calin)	of street and number.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	UC 8 -
(Month)	, 191,
(Month)	(Day) (Year)
July 1 1915 to	
, 191.)., to	1915,
that I last saw halive on	7, 191
and that death occurred on the date s	tated above, at
The CAUSE OF DEATH * was as follo	ws:
:: 5 Thank	
2	
, <sup>34</sup>	······································
(Durstlon)	yrs mosds.
Contributory www	
Secondary	0 1.6
(Ouration)	
(Signed) and In	, M. O.
(Address)	aurontle m
State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; and	r, in deaths from VIOLENT
CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.	(2) whether Accidental,
B LENGTH OF RESIDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS)	
The plants.	e,yrs mos ds.
Where was diseess contracted,	
If not at place of death?	
Former or usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 10, 1915
20 UNDENTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the nisease causing neath, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupabile factory. The material worked on may form part the second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever Locomotive engineer, If retired from without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICINAL, or homicinal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronby railway The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere important. nound







[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, write None. state occupation at beginning of illuess. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, Locomotive engineer, The material worked on may form part Women at home, who are engaged in But in many cases, If retired from The question

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "PUERPERAL peritonitis," etc. birth or miscarriage cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronby railway Always qualify all diseases resulting from childtrain-accident; Revolver wound of as "Puerperal septichaemia, State cause for which Never report mere "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

Coun Villa	PLACE OF DEATH  17183  ge or City Ro.  2 FULL NAME Line Ma	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
- Alle	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male I thite   5 SINGLE, MARRIED, Skiegle   MARRIED	16 OATE OF DEATH  (Month) (Day) (Year)  17 t HEREBY CERTIFY, That I attended deceased from  18 J., 191 J., to J., 191 J.,
(a		and that death occurred on the date stated above, at
bu:	of General nature of Industry sloss, or establishment in hich employed (or employer)  IRTHPLACE (State or country) Baltimore Md.	Contributory Secondary (Ourstien) (Ourstien) (Ourstien) (Ourstien) (Ourstien) (Ourstien) (Ourstien)
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Baltimore IId.	(Signed)  . 191 (Address)  CAUSES, State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinental, Suicinal or Homicidal,
	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address Alban for Alisa Terraces faviarely	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the state, yrs. mes. ds. State, yrs. mes. ds. Where was disease centracted, if net at place of deeth?  Fermer or usual residence  19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
15 FIII	Ox 9 Donathown	Draid Vidge Verming let to 1013  20 yryoseptaker Accoress  No. 18 Saratoga St., Ballon, Requesting V. S. No. 1. 13 (15 Md)



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. .-Every item of information should be CAUSE OF DEATH in plain terms, so

RECORD

A PERMANENT

1 PLACE OF DEATH County

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead
	of street and number.]

FULL NAME Famie Elve	ta Cooper of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Widowed, Ordivorced (Write the word)	16 DATE OF DEATH Oct. 5 ,1916 (Month) (Day (Year)
OCL 18 (Month) (Day (Year)	that I last saw h.e. alive on Oct 5 , 19187
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 30 P. m. The CAUSE OF DEATH* was as follows: Pulmurary Luberculosis
particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) / yrs mos. ds.  Contributory Secondary
OF FATHER Jas. T. Shutt,  11 BIRTHPLACE OF FATHER (State or country) Ballinge City  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Coration) Irs mos ds.  (Signed) Coration Irs mos ds.  (Signed) Coration Irs mos mos ds.  (Signed) Coration Irs mos mos mos mos mos mos mos mos mos mo
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs, mos ds  Where was disease contracted, It not at place of death?
(Address). Springfield aver your  (Address). Springfield aver your  Filed Oct 7, 191 Cland January  BEGISTRAN	Former or usual residence  19 BLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
	trar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especiaily in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line wili be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE statement. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skuli, and consequences (e. g., mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) eause of death approved by Committee on Nomeneia-"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State eause for Ex-



No.

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1 PLACE OF DEATH	STATE OF MARYLAND
County Baltimore 171	CERTIFICATE OF DEATH
Village or City Rossirla (No. Coos	eu bry St; Ward)  [It death occurred li a hospital or institution give its MAME instead of street and number.]
2 FULL NAME OVERNY Colombia	tresy
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color OR RACE Single, MARRIED, Single WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That 1 attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on 191
7 AGE  Vers. Mos. 20 ds. OR. min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Soute Indigistion
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country) Mary Cand	(Secondary)  (Duration)  yrs
10 NAME OF Charles Cushinber	(Signed) Jank & Foulke Corange
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Charles Cushing	Where was disease contracted, if not at place of death?  Former or usual residence
16 not 18 WHarry	19 place of Burial or REMOVAL DATE OF BURIAL OF 19, 1915
Flied DOV 18 191 Warren ST. REGISTRAR	Hours a Vadery Boul

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc..

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarrlage, as "Puerperal septichaegenltal," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Candeath), 29 Examples: For vio-



1 PLACE OF DEATH

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County Salla County 17180	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Bullo Huybele (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR OIVORCEO (Write the word)	16 DATE OF OEATH  (Month)  (Day)  (Year)
7 AGE (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  1 day, hrs.  1 day, hrs.  1 or min.?	that I last saw h EN alive on
COUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer)  BIRTHPLACE	(Guration) yrs mes 7 ds.  Contributory Secondary
10 NAME OF FATHER CHILLIAN CE PLEASE  11 BIRTHPLACE OF FATHER (State or country) May large me 12 MAIOEN NAME  12 MAIOEN NAME	(Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Mrans of Injury; and (2) whether Accidental, Sulcidal or Homicopal.
of Mother Synthesis States of My Knowledge  (Informant)  Of Mother Synthesis States of My Knowledge  (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At pisce In the ef desth yrs. mes. ds. State, yrs. mos. ds. Where was disease coetracted, tf net at place of desth?  Former or usust residence
(Address) Tallyming This below es 15 Filed Oat 16 1915 Franks Transfer Registran	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL  Would Survey Queling Ost 16
more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Former (retired 6 yrs.). For persons who have no occupation whatever, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman,2" "Manager,2" LDealer,2" etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, Locomolive engineer, The material worked on may form part Women at home, who are engaged in But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing \_bearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL peritonitis," etc. birth or miscarriage as "Puerpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephralis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ........ (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping by railwoy train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which (Recommendations Never report mere



PLACE OF DEATH  17187	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mr. Washington No. 23 K	Belvedere Owst: Ward)  [if death occorred in a hospital or institution, give its NAME fostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale # COLORIOR RACE BAINGLE, MARRIED, Narried ORDIVORCED (Write the word)	)16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	0 x 15- 191 4, to 7/9 1915,
AGE  (MONITY)  (	and that death occurred on the date stated above, at 10 m.  The CAUSE OF DEATH * Was as follows:
OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	(Ouration) 7 yrs, mos ds.
which employed (or employer)  BIRTHPLACE (State or country)	(Secondary)
10 NAME OF FATHER SOLD BULLEN  11 BIRTHPLACE (State or country) reland	(Signed) , M. D.  (State the DISEASE CAUSING DEATH, or, In deaths from Violent
OF FATHER (State or country) reland  12 MAIDEN NAME OF MOTHER Margareh  12 MAIDEN NAME NAME OF MOTHER MARGAREN  13 MAIDEN NAME NAME OF MOTHER MARGAREN  14 MARGAREN  15 MARGAREN  16 MARGAREN  17 MARGAREN  18 MARGAR	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPASS.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of death yrs mos ds. Where was disease contracted.
Informanty Ms. Mary C. Sullen	It not at place of death? Former or usual residence
6 Oct 2/ 1915. W. Y. Porter	Maryo Dovars CATE OF BURIAL  20 UNDERTAKER ADDRESS 101
If more blanks are needed, address State Registrar	of E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman."

Statement of cause of death—Name, first, the dibease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharmus," "Old Age," "Shock," "Traemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Can-Never report Examples:



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Gounty Balter 17188	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3
Village or City Roland Parkino. 2	Woodland Arkst.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH OCH 6 191.5
October 4 (Year)	that I last saw h AMalive on Oct 6, 191 5,
TAGE 2 Clays it LESS than 1 day,hrs.  yrs	and that death occurred on the date stated above, at 5-30 fm.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or amployer)	(Duration) yrs. mos 2 ds.
**BIRTHPLACE (State or country) Roland Parls  10 NAME OF FATHER COLUMN A G by William	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Doration)  (The secondary of the sec
11 BIRTHPLACE OF FATHER (State or country) Balty lo . Mol.  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?
(Informant) Edward Carls  (Address) Roland Parks	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied OS. 7 1915 M. 9 Porter	Withdlawn Certilory Oct 7, 1915  20 UNDERTAKER  6 8 Stiffer 6 10 10 10 10 10 10 10 10 10 10 10 10 10
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) -Precise statement of occupa-As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



1 PLACE OF DEATH

HYSICIANS statement of County. Registration Dist. No. If death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH STNGLE, 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED OR DIVORGED (Day) certificate, That I attended deceased from 6 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than of 1 day, hrs. min. ? plain terms, so that See instructions on OCCUPATION
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) 10 NAME OF important. 11 BIRTHPLACE AN PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICINAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE CAUSE N is ve OF MOTHER (State or country) of death State, ......yrs. ......mos. ...... ds. .....yrs. .....mos. ... should state CAL Where was disease contracted, If not at place of death?..... usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRES 0 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serront, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Peuler," etc., without more mobile factory. mill; (a) Salesman, (b) ' rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pncumonia, Branchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," cough; Chronic valvular heart disease; Chronic interstilial ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of .... "Heart failure," "H. emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee under the head of "Contributory," (Recommendations and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths symptoms or terminal conditions, such as "Asthenia, chopricumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Annemia" (merely symptomatic), "Atrophy," "Color misearriage as "Puerpenal septichaemia," "Coma," The nature of the injury, as fracture of skull "Senile," etc.), "Convulsions," "Eropsy," corbolic acid-probably "Debility" Never report mere "Exhaustion," ("Con-



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3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

SOCCUPATION (a) Trade, protession, or particular kind of work

(b) General nature of indostry. business, or establishment in

OF FATHER (State or country)

OF MOTHER Conna

51

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

14 THE ABOVE IS TRUE TO THE

9 BIRTHPLACE (State or country)

1 PLACE OF DEATH

### STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. a hospital or institution. give Its NAME instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. widowed, Me ordivered (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) if LESS than t day.....hrs. OR ..... 7 which employed (or employer) -----Contributory Secondary

> ., 191 S... (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, or HOMICIDAL.

OR RECENT RESIDENCE (FOR	MOSPITALS, INSTITUTIONS, TRANSIENT
At place	In the
ot death yrs mos ds	. State yrs, mos d
Where was disease contracted,	

If not at place of death?

Former or usuai residence

(Signed)

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation—Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman."

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Canwhich surgical operation was nudertaken. genital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



V. S. No. 1.

PHYSICIANS shoul RECORD PERMANENT supplied. UNFADING 0 back piain instructions = DEATH ō item OF mportant. CAUSE

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME instead ot street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 6 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Year) ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY. That I attended deceased from that I last saw h hand alive on (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH \* was as follows: OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... State \_\_\_\_\_ yrs, \_\_\_\_ mos, \_\_ \_ ds. Where was disease contracted. If not at place of death?... Former or usual residence. 15

f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: additional live is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Preeise statement of occupa-Spinner, If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal scptichacaant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing deatb), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," State eause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 4 1915
BUREAU, V.S.

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important CAUSE

PLACE OF DEATH 17192	STAT
Gounty Bolto.	
Village or City Javanslow (No. 1705)	alhambro (45
FULL NAME Charles Willis	en Doyle
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED OR DIVORCED	18 DATE OF DEATH
hale (Write the word)	1 HEREBY CE
GDATE OF BIRTH  Quel 15-Ph 1915	COC 112, 1915
(Month) (Day) (Year)	that I last saw h alive o
7 AGE If LESS than 1 day,hrs.	and that death occurred on the
yrs. 3 mos. / ds. ORmin.?	The CAUSE OF DEATH * Was
BOCCUPATION	10040-6
(a) Trade, profession, or particular kind of work	•
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER Charles, 1. Doyle	(Signed) Jes. M. Rue
11 BIRTHPLACE OF FATHER	(Address 1913? (Address
Z OF FATHER (State or country)  W 12 MAIDEN NAME	*State the DISEASE CAUSE. CAUSES, State (1) MEANS O TAL, SUICIDAL, OF HOMICIDA
12 MAIDEN NAME OF MOTHER Raver Rolfe.	1B LENGTH OF RESIDENCE
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mas
14 THE ABON LE TRUE TO THE DEST ON MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informan harles J. Doyle	Former or
(Address) alahabelra art, Lovan	usual residence
16 P. 10 A.	29 UNDERTAKER
Filed 1915 (Auto during Registrar	Ifm book

E OF MARYLAND ICATE OF DEATH

istration Dist. No [If death occurred in .....Ward)

a hospital or institution, give Its NAME Instead of street and number. I

RTIFICATE OF DEATH (Month) RTIFY, That I attended deceased from as follows: NG DEATH, or, in deaths from VIOLENT OF INJURY; and (2) whether ACCIDEN-FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the State ...... yrs, ..... mos, ..... ds

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1,

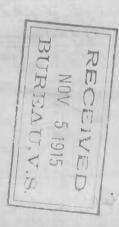


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal scptichaecause. Always quality all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Tracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nunt neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for Examples:



N. B. Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

	• 11
PLACE OF DEATH	STATE OF MARYLAND
Baltin Mai	CERTIFICATE OF DEATH
County O WWW CO	
11 01 11	Registration Dist. No.
Village or of Lighlandtours 15 n.	Clinton St; Ward) [If death occurred in a haspital ar institution
Village of Gry	a hospital or institution,
Vonanie Al	of street and number.]
<sup>2</sup> FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	WEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH Oct. 26 1915
Temalo Willowed Willow	(Month) (Day) (Year)
Jemale X (Write the word)	17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	May ,191 5, to Oct. 26,1915,
lug. 31, 11/3	that I last saw her allve on Oct. 26, 1915,
(Month) (Day) (Year)  7 AGE If LESS than	and that death occurred on the date stated above, a 130 Q.
1 day, hrs.	
44 yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
9 OCCUPATION //	Carcin oma Il Tonice
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(b) General nature of lodustry	
business, or establishmeet in which empleyed (or employer)	(Buretion) yre. moe. de.
	Contributory Codema
9 BIRTHPLACE (State or country) md.	according Calmonary
10 NAME OR	CAN Transmit
FATHER Frank Marshall	(Signed) M. O.
11 BIRTHPLACE	10/27/455 (Address) 408 6, 10 allo.
Z OF FATHER (State or country) & colland	State the Disease Causing Drate, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
T 12 MAIDEN NAMED LI YIM	SUICIDAL OF HOMICIDAL.
ath. Holan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At ptece In the
(State or country)	Where was disease centrasted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	tf not et place of death?
(Informant) // ary duffy	Former er usual residence
15 mcl. Att 1 st	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	St. Vincent (em 10/29/1015
16 10/00/ -/11 & maccola	20 UNDERTAKER ADDRESS
Filed 10/28/, 1913 W. G. M. Canahaw	Bo by
REGISTRAR	John y. Moran Jame & am
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers employed, as At school or precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part As examples: (a) Spinner, (b) Cotton At home. Care should be If retired from

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningunqualified, is indefinite); Tuberculosis of lungs, mening

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations hcad-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. birth or miscarriage as ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Puerperal septichacmia," State cause for which Never report mere ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
7M0V-21915
BUREAU, V.S

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V. S. No. 1.

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of Di	PA	OF III	Unk	now	n		
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000		(Informant)			25.		•-
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		(Address	)				
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1 PLACE OF DEATHCITY	DETENTION	HOSPT.	FOR INSAN	E STATE OF MA	ARYLAND
v Baltimore	- A 164	4.0.4	1	CERTIFICATE	OF DEATH
		134	(, ch)	Registration D	Dist. No. 41
e or City	g. <b>≥</b> 101	TENTO.	(Y)	St; Ward)	[If death occurred in a hospital or institution, givo its NAME instead of street and number.]
<sup>2</sup> FULL NAME	Celia Dung	99			
PERSONAL AND STATES	STICAL PARTICUL	ARS	M	EDICAL CERTIFICATE	OF DEATH
4 color or race	5 SINGLE, MARRIED, MA WIDOWED MA OR DIVORCED (Write the word)	rried	16 DATE OF DE	October (Month)	20th , 1915 (Day) (Year)
E OF BIRTH	(Wither the Word)				ttended deceased from
	onth) (Day)	, 1843 (Year)			toher 20th, 191 5, ober 19th 191 5,
7.2 yrs.	*	If LESS than 1 day, hrs. OR min.?		h occurred on the date s F DEATH * was as follo	stated above, a 5 45 Al
CUPATION Trade, profession, or cular kind of work			Chron	ic Pulmonary 1	fuberculosis
General nature of lodustry ness, or establishment in h employed (or employer)				(Duration)	yrs. mos. ds.
State or country) Marylan			Contributo		Broncho Pneu- monia
10 NAME OF FATHER Unknown			(Signad) Phi	lip Pearls	lei M. D.
11 BIRTHPLACE OF FATHER (State or country)	Unknown		*State the	t91 (Address CAUSING DYATH, or (1) MEANS OF INJURY; and	or, in deaths from Violette (2) whether Accidental.
12 MAIDEN NAME OF MOTHER Unknow	m		18 LENGTH OF F	ESIDENCE (FOR HOSPITALS	, Institutions, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	Unknown			1meg18de. tn th	e te,yrsmes,ds.
E ABOVE IS TRUE TO THE BE	ST OF MY KNOWLE	DGE	Where was disease of if not at place of d Former or usual residence		)
(Address)	:			JRIAL OF REMOVAL	DATE OF BURIAL
Oct 21 191.5 1	Missiam X	Jaer!	29 UNDERTAKE	18	ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Collon business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physimobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound of heod—homocide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "An.emia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; birth or miscarriage Always qualify all diseases resulting from child-The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," State eause for which Never report mere "Exhaustion,"



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCIENTION Is used in the contribution of the contribution. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	village or City Glyndon (No. M)  2 FULL NAME Charly - 1	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occorred in a hospital or institution, give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
runcare.	Male white Single, Magle Marked, Marked, Marked, Marked, Middle or Divorced (Write the word)  6 DATE OF BIRTH  Dec 19 1913	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  (1915), to  (1916),
SACK OF CO	7 AGE (Month) (Day) (Yoar) 7 AGE   It LESS than   1 day, hrs.   OR min. ?	and that death occurred on the date stated above, at 9-18 m.  The CAUSE OF DEATH # was as follows:
marine come	B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Culero Sa alelis V. Brinchi  (Premorna  (Burstion): yrs. mos. 15 ds.  Contributory Brinchi Premorna
Important Ser	10 NAME OF FATHER WILLIAMS a Puncust  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 M	(Signad) Round rece , M. 0.  Oct / S , 181.5. (Address) Glayman  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OTATION IS VERY	13 BIRTHPLACE OF MOTHER (State or country) Batto Co M U  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Informant) Barbara Purant  (All Market State	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mes. ds. Stats, yrs. mes. ds. Where was disease contracted, if not at place of death?  Former or usuel residences  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
200	Filed Och 1915 PREGISTRAR  If more blanks are needed, address State Registrar, 1	Rushinston My Oct 18, 1915.  20 UNDERTAKER, Edwie Rushinston  6 W Faratoga St., Balton, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salcsman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... on Nomenclature of the American Medical Association.) "PUERPERAL peritonitis," etc. birth or miscarriage as cause. rent) affection need not be stated unless important. by railway train-accident; Revolver Always qualify all diseases resulting from child-The eontributory (secondary or intercurby carbolic acid-probably "PUERPERAL seplichuemia," State cause for which wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
NOV 5 1915
BUREAU.V.S.

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OCCUPATION PHYSICIANS PERMANENT classified. properly supplied. pe UNFADING may certificate. 80 of on back terms, plain Instructions information ڃ 7 DEATH See Item OF Every item CAUSE OF Important. m ż

### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred la .....Ward) a hospital or Institution, give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... <sup>9</sup>BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country \_\_\_\_\_ yrs. \_\_\_\_ mos. .. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death? usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 1.5

ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," "Foreman," Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origiu; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," tbenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal couditious, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report "Contributory." The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scalle," etc.), (Recommendatious on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD d IS UNFADING INK-THIS important. See instructions on back of certificate. WRITE PLAINLY, WITH

PLACE OF DEATH County Baltimore 17197	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 34
VIIIage or City Arluigton (No Rogers 2 FULL NAME John Stower	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  ORX 264, 1914  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on 191
7 AGE  47 yrs. 2 mos. 28 ds. ORmin.?	and that death occurred on the date stated above, at 7.30 Pm, The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or Uttarney at Law (b) General nature of industry, business, or establishment in which employed (or employer)	acceded an sheet car thack, (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Jowson, Mongland	Contributory (Secondary) (Daration) 4 yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Phelodelphia Pa	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Intormant)	Where was disease contracted, It not at place of death?  Former or usual residence
(Address) 30 Church St. Nego.  15 Filed Clef. 2), 191 - Wm & G. Man REGISTRAR	afruid Ridge Cem Det 29
I more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid . Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATH'S state MEANS OF INJURY and quality as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-State cause for "Exhaustion," Examples: For VIO-



V. S. No. 1.

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PLACE OF DEATH	STATE OF MARYLAND
County DAM	CERTIFICATE OF DEATH
MUNICIFAL TUBERQULOSI	Registration Dist. No.
Village or City (No, 2 FULL NAME Jane 15 60	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED OR DIMORCED OR DIMORCED OR DIMORCED (Write the word)	18 DATE OF DEATH  (Month) / (Day) (Year)  17 )   WEREBY CERTIFY. That fattended deceased from
S DATE OF BIRTH  (Month) (Day) (Year)	(90 13 ,1915 to Och 14 ,1915,
7 AGE   If LESS tha   1 day, hrs   or mos, ds.   or min. ?	and that death occurred on the date stated above, at /
occupation (a) Trade, profession, or formula work (b) General nature of industry	Filmus Filmus
business, or establishment in which employed (or employer)	(Ouration) training mos. ds.
9 BIRTHPLACE (State or country) maryland	Contributory Secondary
10 NAME OF James Wans	(Signed) C - S - C - M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the DISPASE CAUSING DEATH, or, in Heaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
a come the	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yre mes.  Where was discose contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	If net af place of deeth?
(informant)	ueuel residence 373. Walnuf Way
(Address)	Sevel Station DATE OF BURIAL OCT 10, 1915
Flied 1 5 , 191 5 Mercasu Back REGISTRAR	Sand. J. Hemsley 578 W. Beddle
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



MUSTE BETWEEN MINISTERNO ME IN THIS IS A SELWIN THE FOLED

Exact state me. AGE should be with C. BOLLY The sty fam of information should be parefully supplied. AGE should be made it is at CAUSE OF DE INTERNAL terms, no that it nay be properly that

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as Al school or At home. Care should he wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," ctc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, etc. Stationary freman, etc. But in many For persons who have no occupation whatever, But in many eases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cylebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "Puerperal sephicharmia," cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercureough; Chronic valvular heart disease; Chronie interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of to determine definitely. "Heart failure," "Haemorrhage," "Inamition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important by railway train-accident; Revolver Examples: Aecidental drowning, State cause for which Never report mere "Exhaustion," mound



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### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in + Willow Perins a a hospital or Institution give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIEDY WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... min. ? SOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMIGIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ..... yrs. .... mos. ... State ..... yrs. Where was disease contracted. KNOWLEDGE Il not at place of death?

usual residence.

19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

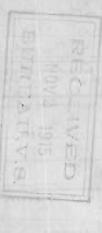


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the discasse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtherla (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or mlscarrlage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion, For Vio-



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1 PLACE OF DEATH	STATE OF MARYLAND
County Balto 17200	CERTIFICATE OF DEATH
C -11/10	Registration Dist. No
Village or City // OOCL Que	St.; Ward) [If death occurred in
Elije P Hi	a hospital or institution, give its NAME instead of sireet and number.
FULL NAME TO SOLUTION	700 7770 O
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemd White Single, Married, Wilowed OR DIVORCED OR DIV	(Month) (Day) (Year)
6 DATE OF BIRTH July. 23 189	2 Well 16 4, 1914, to Olf 30 4, 1915,
(Month) (Day) (Yea	
23 yrs 3 mes 7 ds OR min.	The CAUSE OF DEATH &
8 OCCUPATION (a) Trade, profession, or  Lawrence	- Julianony Subsculares
particular kind of work  (b) General nature of lodustry	
business, or establishment in which employed (or employer)	A (Duration) — yrs. 7 mos. — de.
9 BIRTHPLACE (State or country)	Contributory Typhoid Free
10 NAME OF D	(Burellon) yrs. / mes ds.
FATHER HOM. FOOLS	(Signed) Eligenestanglas, M. O.
11 BIRTHPLACE OF FATHER (State of country)  12 MAIDEN NAME  13 MAIDEN NAME	Get 30 4 191 6 (Address) 8 30 W. Worth acz
C 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the I'mease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicitals.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not of place of deeth?
(Informant) / MM Henumill	Former or wayst residence
(Address) Hoodlaw	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Mora Jaun Cemely 1111 1016
Filed Oct 30, 1915 Albert Me Kenzi Deputy REGISTRAR	20 UNDERTAKEN LICKNETSON JUNIAN NORTH
And Course Off more blanks are needed, address State Registre	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health . Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Degler," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Househaid, etc. A the occupation has been changed or given up on adount of the disease causing death, state occupatibh at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CATSING DEATH (the primary affection with respect to time (and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State eause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

1 PLACE OF DEATH

A /211.	Jewish Home for Consumple	
VIIIA	ge or City & Ruslevston No	St; Ward) a hespitat er institutio give its NAME inste
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Delta 13 , 191 (Month) (Day) (Yes
6 DA	TE OF BIRTH 1881	that I last saw h. M. alive on 5 of der /3 191
7 AG	(Month) (Day) (Year)  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at # /C.  The CAUSE OF DEATH * was as follows:
Xpa (b	CCUPATION  1) Trade, profession, er rilcular kind of work  1) General natore of industry	Fulling Talancies
	siness, or establishment in	(Buratien) yre. mes
wh	IRTHPLACE	Contributory Cardiac dilitation
wh	IRTHPLACE (State or country)  10 NAME OF	Contributory Cardiae dilitation Secondary  (Guretien) pro mee
9 B	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 CARACTER  13 BIRTHPLACE OF FATHER  14 CARACTER  15 CARACTER  16 CARACTER  17 CARACTER  18 CARACTER  18 CARACTER  19 CARACTER  19 CARACTER  10 CARACTER  10 CARACTER  10 CARACTER  11 CARACTER  11 CARACTER  12 CARACTER  13 CARACTER  14 CARACTER  15 CARACTER  16 CARACTER  17 CARACTER  18 CARACTER  1	(Signed) Jacob (Outer) pro mos Cons
wh	10 NAME OF FATHER LILLIAM  11 BIRTHPLACE	(Signed)  Out of State the Disease Causing Brath, or, in deaths from Violent Causing of Injury; and (2) whether Accidental Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
PARENTS	10 NAME OF FATHER ALLENGE  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	(Signed)  Out 3, 191.5 (Addrese) AMA TO COME  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OF RECENT RESIDENTS)  At place In the Siele, 5 yrs. Mee.
PARENTS	10 NAME OF FATHER SULLING  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER WILLIAM  13 BIRTHPLACE	(Signed)  Out 13, 191.5. (Address) Manh for Comment of the Disease Causing Drath, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)
PARENTS	10 NAME OF FATHER ALLENDA  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  Out of Control (Signed)  State the DISPASE CAUBING DEATH, Or, in deaths from Violent Caubing of Caubing Death, Or, in deaths from Violent Caubing of Caubing Death, Or, in deaths from Violent Caubing, State (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT OR RECENT RESIDENTS)  At place  In the State,

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HYSICIANS PERMANENT UNFADING 10 Instructions pial 2 DEATH PO mportant. Ш Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [It death occurred is a hospital or Institutioe, give its NAME instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Year) I HEREBY CERTIFY, That I sttended decessed fee (Day TAGE It LESS than t day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENTS 191 . S. (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place \_ In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ State \_\_\_ \_ ds. Where was disease contracted. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death?-Former or (Informant). usual residence SATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. - Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term ou the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," (4)

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N. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
130ttm	CERTIFICATE OF DEATH
County Soumme	Registered No. 32
Village or Gity Phisoille (No. ,	St; Ward)  [if death occurred in a hospital or lostitulien, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, Mislower  Widoweo, OR Divorceo (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
9 27 , 1.834 (Month) (Day) (Year)	that I last saw here alive on Beh 12 ,191 &
AGE SI yrs. mos. ds. or. min.?	and that death occurred on the date stated above, at £650 m, The CAUSE OF DEATH* was as follows:
COCCUPATION (a) Trade, profession, or particular kind of work	Chrone highwis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) Our yrs mos ds.
(State or country) Incland	Gontributory (Secondary)  (Deration) / yrs mes ds
10 NAME OF Jenothy Foley	(Signed) to war Nuger, M.D.
OF FATHER (State or country) Ireland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
(State or country) Irland  12 MAIDEN NAME OF MOTHER Donk / Cross	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSITATE
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) The soulle Mid	Sh. Cherles DATE OF BURIAL  Och 153, 1915
REGISTRAR  Il more bianks are needed, address State Registrar	20 UNDERTAKER  O Jeffer Requesting V 8 No. 1
A STATE OF THE PARTY OF THE PAR	,

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 1915

-Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR RESERVED MARGIN V. S. No. 1. Z E

BINDING

County MINICIPAL THEORY	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City	St; Ward)  [If death occurred in a nospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Singh, widowed with the wind of the wind of the wind of the wind of the word.	16 DATE OF DEATH  (Month)  (Day)  (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) , 1856	that I last saw hamalive on Oct 22, 1915,
7 AGE    If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at // Pm. The CAUSE OF DEATH * was as follows:
a) Trade, profession, or Series Cabrur.  particular kind of work  (b) General nature of Industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary  (Buration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or contamilion).  12 MAIDEN NAME	(Signed) E. S. C. C. M. O. M. O. C. C. C. C. C. M. O. C.
13 BIRTHPLACE OF MOTHER (State or county). Corr Line 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place ef death yrs. mes. 29.ds. State, yrs. mos. da.  Where was disease contracted, where was disease contracted, the state of death?  Former or 163 3 4 Hiller Of
(Informant)  (Address)  15 Filed De 27, 191 5 Mirray Barry REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  531 N. Chemont  16 W. Saratoga St., Batto., Requesting V. S. No. 1.

ME.



[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Pealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question write None. Housemaid, etc. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in At home. Carc should be If retired from (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to time and causation), Statement of Cause of Death-Name, first, the DISEASE for the same disease. pneumonia, Bronchopneumonia ("Pneumonia," using always the same accepted Examples: Cerebrospinal

> on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heort disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage "Old Agc," "Shock," "Uraemia," "Weakness," The contributory (secondary or intercuras "Puerperal septicharmia," Examples: Accidental drowning; "Dropsy," State cause for which Never report mere "Exhaustion," ACCIDENTAL, wound of

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.



PERMANENT RECORD

4

WRITE PLAINLY. WITH UNFADING INK-THIS IS

S. No. 1.

certificate. Important.

Very ated EXACTLY. PHYSICIANS should Exact statement of OCCUPATION is stated properly classified. carefully supplied. of information should be c. DEATH in plain terms, so See instructions on back of Every Item CAUSE OF

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH 17205 Registration Dist, No... MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH

France While Whores (Write the word)	(Month) (Day (Year)
Atro September 1870 (Month) (Day (Year)	THEREBY CERTIFY, That I attended deceased from Janua 16 1915, to Och 2 2 11915, that I last saw h. 22 alive on Och 2 1 1915.
7 AGE  # 5 yrs mos ds. or min.?	and that death occurred on the date stated above, at 3,18 ft m.  The GAUSE OF DEATH* was as follows:  Ouronic Melane Wolin
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	abl (Duration) Zyrs. o mos. o ds.
9 BIRTHPLACE (State or country.) Aungurae	Contributory & Pul. Subtraction, Secondary  (Doration) 3 yrs mos o ds.
FATHER John Hulse  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) Ar aux f'faurry, M. D.  Oct 22", 1915 (Address) MATTIVE Med  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) England	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs, mos, ds, State yrs, mos, ds
(Informant) RECORDS OF MY KNOWLEDGE	Where was disease contracted, Bulto had If not at place of death?  Former or osual residence  Bultonion  744  -
(Address). Met 15 Filed Oct. 22, 1915 Am. G. Quen	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. statement. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. been changed or given up ou account of the nisease of persous engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee ou Nomenclanant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secoudary), 10 ds. ample: Measles (disease causing death), 29 ds.; affectiou need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report For vio-



V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND		
Coun	by Bacts 17206	CERTIFICATE OF DEATH		
Coun	1.1600	( )/		
	middle Rican	Registration Dist. No.		
Villag	ge or City Model (No. , , )	State Ward) [If death occurred in a hospitat or institution,		
	1 N. Thank	Facility of street and number.		
	<sup>2</sup> FULL NAME	of street and admirer.		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE,		16 DATE OF DEATH		
	Wildwed on Divorced (Write the word)	(Month) (Day) (Year)		
6.0		I HEREBY CERTIFY, That I attended deceased from		
DA	TE OF BIRTH	, 191 , to, 191 , to		
	(Month) (Day) (Year)	that I last saw h alive on , 191 ,		
7 AG		and that death occurred on the date stated above, at		
	Vrs mns ds OR min.?	The CAUSE OF DEATH * was as follows:		
8 04	yrs. mos ds.   OR min. ?	- J		
(a	) Trade, profession, or	Pleader both		
100	ticular kind of work	3710		
business, or establishment in		(Ourstien) yrs mes ds,		
9 BIRTHPLACE (State or country)		Contributory Secondary		
	(State or country)			
	10 NAME OF FATHER	- (Burelien) yrs. mos. ds.		
10	Som Torman.	(Signed) Shull Vallet M. D.		
NTS	of FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT		
PARENTS	12 MAIDEN NAME OF MOTHER Carrie Parlie			
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the		
	OF MOTHER (State or country)	et deathyrsmesds. State,yrsmesds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.  (Informant) Carrie Fatruer		Where was disease contracted,		
		Fermer er usuai residence		
	(Address) modlikutus	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
15	(nutrives)	Inhuai Garani Och ( , 101.5		
File	of bet 4 191 5 tw Starrow av.	20 UNDERTAKER ADDRESS		
1 80	REGISTRAR	the Forman tuly Suddlethers		

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever The material worked on may form part Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified, is indefinite);

on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tctanus) may be stated on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, hcod-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of Struck by railway train-accident; Revolver wound of "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping cause. Always qualify all diseases resulting from childor miscarriage as The contributory (secondary or intereur-"PUERPERAL Never seplichuemia," report mere



WRITE PLAINLY, WITH UNFADING INK-THIS IS

tated EXACTLY. PHYSICIANS should state Exact statement of OCCDPATION is very

carefully supplied. AGE should be so that it may be properly classified.

CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. of information should be

CAUSE OF

N. B.

RECORD

A PERMANENT stated EXACTLY. PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ..

-Ward)

[If death occurred in a hospital or institution, give its NAME Instead

	FULL NAME GEORGE 7	osler of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX	ale White   5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH CLUBE 10 , 191% (Month) (Day (Year)	
6 DAT	E OF BIRTH  7 10 18-39 (Month) (Day (Year)	that I last saw here alive on Oct 9, 1915.	
7 AGE	(	and that death occurred on the date stated above, at	
(a) Tr. partice (b) Ge busines which	ade, protession, or walk work work work work work work work wor	Chronic Inflication (Duration) 2 yrs mos ds  Contributory Secondary (Duration) yrs mos ds	
N _	1 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME	*State the DISEASE CAUSING DEATH, U. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.	
14 THI	3 BIRTHPLACE OF MOTHER (State or Soutry) Ballo Co E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  tormant) Clause Forty	18 LENGTH OF RESIDENCE (FOR MOSPITALE, INATITUTIONS, TRANSIENTE OR RECENT RESIDENTS)  At place to the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?  Former or usual residence.	
15 Filed	(Address) Slenear Registran Registran	19 PLACE OF BURIAL OR REMOVAL  ALCANIEL IN DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS  ALCANIEL INC.	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers ficution as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 51915 BUREAU, V.S.

N. B.-

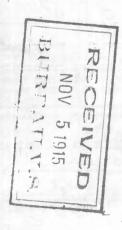
PLACE OF DEATH	STATE OF MARYLAND
Shepard Pract Hospital Low Village or City (No. 1900)	St; Ward) a hospital or institution, give its NAME lostead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF REATU
SEX COLOR OR BACE MARRIED MARRIED WOOWED, OR OLORGEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY, That I attended deceased from
G DATE OF BIRTH  NOV 30, 1865'  (Month) (Day) (Year)	april 10, 1912 to Oct 17, 1915; that I last saw h 222 allve on Oct 17, 1915.
TAGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at \$-10 Pm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in merchant which employed (or employer)  9 BARTHPLACE (State or country) Philadelphia Ra  10 NAME OF FATHER OLICS Trackles  VI 11 BIRTHPLACE OFFATHER (State or country) Germany  (State or country)  12 MAIDEN NAME OF MOTHER Leurelia Lubelubles  OF MOTHER Leurelia Lubelubles  13 BIRTHPLACE OF MOTHER (State or country)	(Signed) Guration)  (Signed) Guration) Guration  (Signed) Guration)  (Signed) Guration) Guration  (Signed) Guration) Guration) Guration  (Signed) Guratio
(Informant) Le 16 Grandel  (Informant) Le 16 Grandel  (Address) Lew york  (Address)  15  Filed Cot 17, 191 Land Surian  Registran  If more blanks are needed, address State Begistran	Where was disease contracted, Exclusions If not at place of death?  Former or usual residence. Baltimore and  DATE OF BURIAL OR REMOVALY  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." sepsis, testanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage, as "Pureperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



County...

N. B.

PLACE OF DEATH			STATE OF MARYLAND	
Balta	17209		CERTIFICATE OF DEATH	
	-4 4 6K . IL	(41)	Bodistantian Diet N. 30	

Village or City Catounulle (No.	10
Village or City (No.,,	

Registration Dist. No....

St.; .Ward) [If death occurred in a hospital or institution,

2	FULL NAME John nelson Fretween	ell,	of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	ale blite 6 single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH ON- (Month)	26 ,19K- (Day (Year)
6 DATE (	Month (Day (Year)	that I last saw h 1 alive on 01	t 1 attended deceased from 0.04 26 , 1915 , 24 26 , 1915
7 AGE	yrs	and that death occurred on the date stat The CAUSE OF DEATH* was as follows	ed above, at 5 Q m.
U particular	, profession, or chelok	Ostfuer	
business, which emp	ral nature of Industry, or establishmenf in ployed (or employer)		yrsmos./X.ds.
9 BIRTHPLACE (State or country)  10 NAME OF		Contributory Secondary  (Duration)  yrs	
S 11 E	BIRTHPLACE OF FATHER HALL A PA	(Address)	oungle Ind
02 12 N	12 MAIDEN NAME OF MOTHER ELISE M KNUSE	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITAL	
	SIRTHPLACE DE MOTHER (State or country)  Ballturore	Af place In the	yrs, ds
14 THE A	Harris On Fr. At 00	If not at place of death?	
15	Address) Catorinelle rid	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed	of 26 1915 marshall 13 wrst.	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Wanklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nection is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debillty" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of Never report



V. S. No. 1.

	ate
	N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p important. See instructions on back of certificate.
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1810 17810	
PLACE OF DEATH	STATE OF MARYLAND
Ball' "	CERTIFICATE OF DEATH
County Dalling (67)	111
11.10	Registration Dist. No.
Village or City tightand (No. 3437)	Raverlon Wist; Ward)   It death occurred in
	a hospital or Institution, give its NAME Instead
Jerson &	Terko ot street and number.]
FULL NAME DEVERY	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Married	16 DATE OF DEATH
Male White (Write the word)	(Mouth) (Day (Year)
	170 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Jepr. 3 , 1915, to OCI 8 , 1915,
Marsh 20 4, 1869	that I last saw King allye on Oot 9 of 1915
(Month) (Duy (Year')  7 AGE   If LESS than	110 /
1 day,hrs.	and that death occurred on the date stated above, at
yrs mos ds or min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Trade, profession, or barring after	Japas Dorsali
(b) General nature of industry,	3
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Uslemia
(State or country) Mary and	Secondary
10 NAME OF	(Useration) yrs mos ds.
FATHER Cuaust Gerlie	(Signed), M. D.
OF FATHER C	(Address) 30/ (B/364)
(State or country) / Crunging	*State the Disease Causing Death, or, in deaths from Violent
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
- Mina Vig	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
	of death yrs mos ds. State yrs mos ds Where was disease contracted.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) 11 Die Jerie	Former or usual residence
3437 Leaventon Com	19
(Address)	12120
10000 -1000 9110/06	Coungelica Gen OCI 1, 1915
Filed SCI Ja 1918 Cy Callada	ADDRESS ADDRESS
If more blanks are needed address State Device	rar & E. Franklin St., Balto., Requesting V. S. No. 1.
are needed, address State Regist	Lary O. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc.; without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. Who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumopia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated upless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. "Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aeci ture of the American Medical Association.) The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANE should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REGORD RESERVED FOR BINDING MARGIN

PLACE OF DEATH	STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
Village or City arlington (No. 2)	Registration Dist. No. 52  Chelbert Cox 5t; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
- FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED CONTROL OR DIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
Anoth (Day) (Year)	that I last saw h allve on
7 AGE  45 yrs 5 mos. 1 4 ds. ORmin.?	and that death occurred on the date stated above, at 15 4 m. The CAUSE OF DEATH* was as follows:
Coccupation   Cot home	(Signed) (Duration) 3. yrs. mos. ds.  (Signed) (Secondary) (Secondary)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  *State The Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  **Indeed
(Interment) Company (Address) 6 26 feerook Company (Address) 6 26 feerook Company (Address) 6 26 feerook Company (Address) 6 76 feerook Company (Address) 6	Where was disease contracted, If not at place of death?  Former or usual residence

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse." "Coma," "Convuisions," "Debility" ("Consuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purperal septichac mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronical er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can Examples: cause for



V. S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAMS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Village or City 2FULL N	lightandtours	7818 ×	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL	AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH	OLOR OF RACE  S SINGLE, MARRIED, WIDOWED, OR DIVORCEO (Write the wo	Married L (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 1 HERESY CERTIFY, that I attended deceased from 1913.  that I last saw here allow on Charles 1913.
7AGE 5-9	yrs 2 mos 14 ds.	If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 15 4 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) Generat nature of indust business, or establishment which employed (or employed)  BIRTHPLACE (State or country)	in // A sounders fr	Paint	Contributory as Cerroma of Liver Secondary
OF ATHER  11 BIRTHPLACE OFFATHER (State or count 12 MAIDEN NAM OF MOTHER		ill:	(Signed) (Ouration) (Vrs. mor. ds. (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother  13 BIRTHPLACE OF MOTHER (State or coun)  14 THE ABOVE IS TRU (Informant)		REPGE COL	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INATITUTIONS, TRANSIENTA, OR RECENT REGIOENTS)  At place in the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence
(Address) (Filed OC), 3,8	1915 COE MU	REGISTRATE REGIST	19 PLACE OF BURIAL OR REMOVAL  AMANYS STURENTS  20 INDESTANCE  20 INDESTANCE  ADDRESS  SHY WILSON  SAT OF BURIAL  AND



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc.: Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) . Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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such, if impossible to determine definitely. Examples: injury, as fracture of skull, and consequences (examples) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Wcakness," "Heart failure," "Ilaemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



1 DI ACE OF DEATH

Balta 17213	CERTIFICATE OF DEATH
County	Registration Dist. No.
/illage or City MUNICIPAL TUBERCULOSIS	SHOSP St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE 5 SINGLE, MARRIED, WIDDINGS OR WIDDINGS OR WIDDINGS OR WORKED OR WORKED	16 DATE OF DEATH  (Month)  (Day)  (Year)
DATE OF BIRTH	17 CHEREBY CERTIFY That attended deceased from 191 5, to 191 5,
(Month) (Day) (Year)	that I last saw how alive on
TAGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
yrs. mos ds. OR min.?	The CAUSE OF DEATH * was as follows:
a) Trade, profession, of the Labour -	
(b) General nature of industry business, or establishment in which employed (or employer)	(Ouration) 2 prs. mes. ds.
9 BIRTHPLACE (State or country)	Secondary  (Burstisn) yrs. mos. ds.
10 NAMBOF FATHER Chor & Specins	(Signed) E S Cook M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NACE  12 MAIDEN NACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
of MOTHER Crowley	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of desth ye. met State, yrs. mes. ds. Where was disease contracted to the state, where was disease contracted to the state, where was disease contracted to the state, where was disease contracted to the state of the s
4 THE ABOVE IS TRUE TO THE BEST ON MY KNOWLEDGE	If not at place of death?
(Informant)	Former er usual residence 177 N Seles 2L
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 10 9, 1915 Miriam Bair	20 UNDERTAKER Builey 11 62 Services
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting/V. S. No. 1.



# MBITE BIVINIAN MILH NUEVDING INK - THIS IS Y BEBWYNENT BECOBD

The state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. write None. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, Locomotive engineer, But in many cases, (b) Auto-

Streement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid peumonnia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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tions answered in detail, it will prevent further correspondence. All the data is be sential and must be obtained before the certificate is permanently filed.

mus, on Nomericlature of the American Medical Association.) on statement of eause of death approved by Committee suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL seplichacmia," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. nephrais, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . If this certificate is booked ever thoroughly and all ques-"PUERPERAL peritonilis," etc. eause. "Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness, when a definite disease can be ascertained as the by railway Always qualify all diseases resulting from child-The eontributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere "Atrophy," mound

BUREAU, V.S.

N.B.

Cour	PLACE OF DEATH  17214	STATE OF MARYLAND CERTIFICATE OF DEATH
	age or citylighlaudtown No Sydenh 2 FULL NAME Edward Y	Registration Dist. No.  [If death occurred in a hespital or iostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Lale White Single, MARRIED, MIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
6 DA	Nov. 3, 1914. (Month) (Day) 1914	that I last saw ham alive on Doll 26 1, 1915
7 AG		and that death occurred on the date stated above, at 10. m The CAUSE OF DEATH * was as follows:
bu: wh	of General nature of ladustry islness, or establishment in hich employed (or employer)  1RTHPLACE (State or country)  Baltimore Md.	Contributory Audings angua
(A)	10 NAME OF Stephen Grabowski	(Signed) (Ouretion) yrs. mos. 3 de
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Saltimore, Md.  12 MAIDEN NAME OF MOTHER A	*State the DINEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
à	13 BIRTHPLACE OF MOTHER (State or country) Buffalo, N. Y.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death
	(Informant) Millians The Best of MY KNOWLEDGE	Where were discose contracted, if not at place of death?  Former ar  C usoni residence
15	(Address) 1418 Eastern ave	Holy Josary . Date of Burial Det 26, 191.5.
File	ed C. 26, 1915 Chapter September 1915	William Fialkowski 1618 Castern
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report merc symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

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#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Ballingos Registration Dist. No. Ilf death accurred to -Ward) a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGER. 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date atated above, a 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER 11 BIRTHPLACE .. 1915 (Address) Wars ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. ARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) State ...... yrs. ..... \_\_ mos. ... \_ ds. Where was disease contracted. KNOWLEDGE If not at place of death? Former or osoal residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 arrison sorris 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (secondary or intercurrent)



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[Approved by U. S. Census and American Public Health Association.]

engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulor given up on account of the DISEASE CAUSING DEATH, engaged in domestie service for wages, as Scrvant, Cook. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer," etc., without more mill; (a) Salesman, (b) Trocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. Statement of Occupation-Precise statement of occupa-Coal mine, etc. bile factory. The material worked on may form part the second statement. Never return "Laborer," For persons who have no occupation whatever, Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton If retired from (b) Auto-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred to a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH MARRIED MUN WIDOWED, (Month) ORDIVORCEO I HEREBY CERTIFY, That I attended deceased from that I last saw h..... alive on ..... (Month) (Day 7 AGE if LESS than and that death occurred on the date stated above, at .... 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which amployed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory .... Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ..... yrs. ..... mos. ..... ds. State ..... yrs. mos. Where was disease contracted. It not at place of death? Former or (Interment)usual residence. 20 UNDERTAKER ADDRESS REGISTRADO N If more blanks are needed, address State Rekistrer, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCOPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 15 FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH S. No. 1.

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PLACE OF DEATH	STATE OF MARYLAND
13 cello 11610 b	CERTIFICATE OF DEATH
County County	Registration Dist. No. 4/
11 11 1 2	Registration Dist. No
Village or City & Mann (No. 1/2,	Ward) [If death occurred in a hospital or institution,
	give Its NAME Instead
FULL NAME Trancio X.	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE,	16 DATE OF DEATH
married, married, married	(Month) (Day (Year)
Male Will (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to
9 20,1876	
(Month) (Day (Year)  7 AGE   If LESS than	
20 % t day,hrs.	and that death occurred on the date stated above, at
yrs ds. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or	Turler wound of french
particular kind of work.	(Surce le)
(b) General nature of industry, business, or establishment in	
which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Mulliand	Secondary
10 NAME OF	(Dufatton) yrs mos ds.
FATHER COMMISSES Wellscope of	(Signed) A A A D. M. D.
O 11 BIRTHPLACE OF FATHER	10.10,1918 (Address) Coroner
(State or country) Maniland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
- June / lillann	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs mos ds Where was disease contracted.
1 8 60.	If not at place of death?
(Informant) January	Former or usual residence. Such Esus,
(Address) O 2 monthlyn/ mo	19 LACE OF BURIAL OF REMOVAL DATE OF BURIAL
16 ( ) a cont month	Christing Deny Co Oct 11, 1915
Filed Del. 10, 19151 C. F. The Specialist	20 UNDERTAKER ADDRESS
REGISTRE	Elsurling Oeuny Co. 715. S. Leglo 18
If more blanks are needed, address State Regist	par, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

RECORD	PHYSICIANS should state to of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate.

	PLACE OF DEATH	STATE OF MARYLAND
Go	unty 2 all 17219 6	CERTIFICATE OF DEATH
00		Registration Dist. No. 4/
	1.1 . 00 /	11 . VI 1cm
Vil	lage or City / Juland (No.2/2,	St.; Ward) [If death occurred in a hospital or institution,
		give its NAME Instead
	Gostanda)	of street and number.]
	FULL NAME ZENTULLO	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	EX 4 COLOR OR RACE 5 SINGLE, Dangle	16 DATE OF DEATH
7	nale Write (Write the word)	(Month) (Day (Year)
ver		17 I HEREBY CERTIFY, That I attended deceased from
. D	ATE OF BIRTH	
	Def 1, 1898	
7 A	(Month) (Day (Yar)	
^	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	yrs, mos 2 2 ds. OR min.?	The CAUSE OF DEATH* was as follows:
100	CCUPATION	- J
	) Trade, profession, or John Swel	revolver wound of her
	General nature of Industry.	( Name cide)
bus	siness, or establishment in	(Duration) yrsmos, ds.
	ich employed (or employer)	Contributory
- 8	(State or country) Manual	Secondary
	10 NAME OF	(Quration) yrs mos ds.
	FATHER +	(Signed) Hollaner wa
S	11 BIRTHPLACE	10-10 1918 (Address) Commen
Z	OF FATHER (State or country) Ma And	
PARENTS	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
A	OF MOTHER	
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14 ,	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
	(n.11: 0 1/2 0 7	If not af place of death?
	(Informant) - LULLA (Informant)	Former or usual residence
	(Address) 630 S Palamae	19 MACE OF BURIAL OR REMOVAL DATE OF BURIAL
16		(8day 400 (Com 600 11)
1	Set 10 mg Cold Tall Vande	20 UNDERTAKED ADDRESS
FN	REGISTRANTA	Comstand ound 440 C17 112
	72418	rdr, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	and a meeter, address state neglet	Lat, O E. Frankin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of tungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion,"



S. No.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH

PLACE OF DEATH  County Ballimore 17220	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City lanton (No/560) 2FULL NAME Infant of Wm	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	16 DATE OF DEATH OCK / F - , 191.5  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  Get 1814, 1914  (Month) (Day (Year	17 Det 18 191 to Och 18 - 1915,  15) that I last saw h. 192 on 191
7 AGE  Stillbirth  If LESS to to day,	and that death occurred on the date stated above, at
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary (Ouration) yrs mos ds.
10 NAME OF Hilliam Jaas  11 BIRTHPLACE OF FATHER (State or country) Bally billy Might a grant of Mother of	(Signed) 3. (Signed) yrs mos ds.  (Signed) 3. (Address) / 2. (Signed) , M. D.  Oct / 9 , 191 5. (Address) / 2. (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Ballir leiliz M.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) 1361 1 Murst 16,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Carriel Cen. Date of BURIAL 191 5
FINE LETIZO, 1915 CE THE Yau	ADDRESS ADDRESS AND ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

#### V. S. No. 1.

Village or City Courton (No. 1019,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RAGE Single, MARRIED, Married Windle White die word)	16 DATE OF DEATH  October 15. ,1915  (Month) (Day (Year)  17 I HEREBY GERTIFY, That I attended deceased from
7 AGE 7 Month 1 (Day (Year)  7 AGE 1 It LESS than 1 day, hrs. OR min.?	that I last saw hum alive on Catolin 144. 1915  snd that death occurred on the date stated above, at 2140 Pr. m  The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  3045	(Ouration) yrs. 2 mgs. (O ds. Secondary
10 NAME OF FATHER adam M. Hawes  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER S. MATTER A. H. J.	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Mrs Sora Sfarrer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?  Former or usual residence
16 Files Per 1815 1815 186 MC Clausles	Place of Burial OR REMOVAL  Mr. Carmel Cernetery Och 19 , 191 5  20 UNDERTAKER  Girkler + Girkler 3204 O'Donnell S

If more blauks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: who have no occupation whatever, write Nonc. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION to very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR MARGIN RESERVED

8. No.

PLACE OF DEATH	STATE OF MARYLAND
County Balta 1722	2 CERTIFICATE OF DEATH
Village or City Reis ters town (No.	Registered No. 3 3  [it death occurred in a hospital or institution,
* FULL NAME William Elle	Goot Lammond give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Chila Single, Married, Wisowed, Warnese (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That attended deceased from
6 DATE OF BIRTH  Cot 4, 1860  (Month) (Day) (Year)	lastite Cookints
7 AGE If LESS than	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH* was as follows:
Soccupation (a) Trade, profession, or particular kind of work	Congrie Pectoris
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Merrary  Col,	Contributory (Secondary) Contributory
10 NAME OF Millon L. Hammond	(Signed) - frank Hills M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Elizabeth Hubbeld  13 BIRTHPLACE OF MOTHER (State or country)  Sugland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place lo the ot death yrs, mos, ds,
(Informat) Gla Barrows	Where was disease contracted, it not at place of death?  Former or osual residence
(Address) Hegendon Med	19 PLACE OF BURIAL OR REMOVAL  ADDRESS  19 PLACE OF BURIAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
REGISTRAR	Cha & Franck 802 Madison
It more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Aur

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekecpers additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

childhirth or miscarriage. as "Puerperal septichac-mia," "Puerperal peritonitis," etc. State cause for cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medicai Association.) The contributory (secondary or intercurrent) (Recommendations on statement of Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1915 BUREAU.V.S.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED important. See instructions on back of certificate. MARGIN S. No. 1.

	1 PLACE OF DEATH		STATE O	F MARYLAND
	nty Baltimor	-7223	CERTIFICA	TE OF DEATH
Cou	nty 2.2		R	egistered No. 4/
Vill	age or City Highlandt FULL NAME	Still Be	Songle St;	file death assumed in
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL GERTIFIC	CATE OF DEATH
3 SEX	Ment.	NGLE, ARRIEO, Sangle RIDOWED, Tite the word)		X 29 ,1915.
8 DAT	E OF BIRTH Cext.	27 , 1915	17 I HEREBY GERTIFY	
(8) TI	UPATION ade, profession, or	If LESS than f day,hrs, ORmin.?	and that death occurred on the date.  The GAUSE OF DEATH was as for	e stated above, at //, 30 m,
(b) G busine which	uler kind of work	co.	Contributory (Secondary)	ation) yrs. mos. ds.
ENTS	O NAME OF FATHER Leslie C. J.  BIRTHPLACE OF FATHER (State or country)  MAIDEN NAME OF MOTHER NAME		(Signed)	ATH. or In deaths from Violence
<b>D</b>	of Mother Mary W. Helfrich.  13 BIRTHPLACE OF MOTHER (State or country) Baltimor CH		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds.	
14 <sub>TH</sub>	iformant)	Current.	Where was disease contracted, if not et place of death?  Former or usual residence	
15 Filed	Oct. 38, 1915 1 Cit	McClaus	Parry Heart Com.	DATE OF BURIAL  Let. 78, 191 5
	If more blanks are needed,	address State Registrar, 6	E. Franklin St., Balto., Requesting V.	S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. been changed or given up on account of the disease who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Housewifc, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Salesman, (b) For persons

Statement of cause of death—Name, first, the disease causing death—in a feetion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. cblldbirth or miscarrlage, as "Puerperal septichae-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Never report Examples: For VIO-



V. S. No. 1.

		N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of		-
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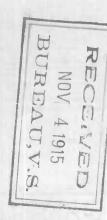
County	PLACE OF DEATH 17224	STATE OF MARYLAND CERTIFICATE OF DEATH
Village of	- 2 FULL NAME Elizabeth	Registration Dist. No. 30  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)		16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE O	(Month) (Day) , 1845	that I last saw he alive on Oct 5, 191.5,
7 AGE	69 yrs / 0 mos / O ds.   it LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 60 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, protession, or parlicular kind ot work (b) General nature of industry business, or establishment in which employed (or employer)		Manue Coura (Buration) yrs. mos. 2 ds.
10 1	NAME OF 21	Secondary  D  (Buratian)  Tyrs. inoa. dt.
S L S II E	BIRTHPLACE OF FATHER (State or country) MAIDEN NAME  THERE OF COUNTRY  TH	(State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13	OF MOTHER Mely Daers  BIRTHPLACE OF MOTHER (State or country)  Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  At place : In the of death
14 THE A	BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of death?  Former or usual residence Called Navelle McL
15 Filed	(Address) Centorisorle McR Oct 16, 1915 Marshall B. Wrst.	Date of Burial or REMOVAL DATE OF BURIAL OCT 1 /8, 1915
	If more blanks are needed, address State Registrar, 1	6 W. Saratora St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, mobile foctory. . The material worked on may form part mill; (a) Salesman, (b) (rovery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e.g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated surgical operation was undertaken. For violent deaths on Nomenclature of the American Mcdical Association.) head-homicide; Poisoned by carbolic acid-probably suicide. Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Conna," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Puenderal septichuemia, "Dropsy," Never report mere "Exhaustion," " "Col-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is w	important. See instructions on back of certificate.

ate.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Baltimore. Registered No I'll death occurred in Village or City Towson, Md. St:....Ward) a hospital or institution. give Its NAME Instead of street and number. I FULL NAME Joshua Washington Harris. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH MARRIED. Widower 3 SEY 4 COLOR OR RACE Oct. 16. 1915. WIDOWED. Male White OROIVORCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH Oct. 7th. 1915 to Oct. 16th. 1915 Dec. 5th. 1846. that I last saw h im alive on Oct. 16th. 1916 (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at IO. P.m. 1 day, ....hrs. The CAUSE OF DEATH \* was as follows: OR .... min. ? 68 vrs. TO mos. II ds. Artereo-Sclerosis. BOCCUPATION (a) Trade, profession, or Merchant. marticular kind of work... (b) General nature of Industry. (Duration) 2 yrs IO mos II ds. business, or establishment in General Store. which employed (or employer) ..... Contributory Cerebral Hemorhage. 9 BIRTHPLACE (State or country) (Secondary) (Duration) yrs mos 2 ds. Rees 6ther 5 (Address) Towson, Md. 11 BIRTHPLACE ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) State ...... yrs. .... mos. ..... of death ...... yrs. ..... mos. ..... ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?..... (Informant) John T. Harris. Former or usual residence (Address) Towson, Md. OR REMOVAL DATE OF BURIAL 15 29 UNDERTAK ADDRESS

If more blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The tion is very important, so that the relative healthfulmaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laboref," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoses of lungs, meninges, peritonaeum, etc., Carcinoses

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetahus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. Aiways qualify all diseases resulting from childbirth or miscarriage, as "Purberral septichaeby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Seniie," etc.), "Dropsy," "Exhaustion," which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

VIIIage or City alluglar (No. 17226) 2FULL NAME Cassel Ha	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 3  [If death occurred to a hospital or institution, give its NAME lostead of street and combor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Color of RAGE Saingle, MARRIED, WILLOW .  ORDINORED (Write the word)	(Month) (Day (Year)
TAGE  TAGE  TAGE  TAGE  TO STATE OF BIRTH  TO STATE	that I last saw h. 21: alive on
(a) Trada, profession, or particular kind of work  (b) Geogral nature of Indostry, business, or establishmaat in which employed (or employer)	Clelwoselerous. (Clea age)  (Beration) 5 yrs. mos. ds.
*BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER OF THE TOTAL	Contributory Secondary  (Doration) yrs most ds.  (Signed) N. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUAY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, on RECENT RESIDENTA) At place lo the of death yrs, mos ds.
(Informant) Cora C. Dorsey  (Address) 4607 Pk. Hight Tax  15 Filed Ref. 3), 1915 Mrss. G-Quele  REGISTRAR	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF SURIAL COST 26, 191 5  20 UNDERTAKER ADDRESS  Foll III Jewalin Bults, and

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fieation as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Deaier," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. eause of death approved by Committee on Nomenelalnjury, as fraeture of skuil, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maiigoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medicai Association.) "Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, M. impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of State cause for For Vio-



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#### PLACE OF DEATH



#### STATE OF MARYLAND

ADDRESS

County Salto 17227	CERTIFICATE OF DEATH
VIIIage or City Highlandsown (No. 133.	Registration Dist. No.  St.; Ward)  [If death occurred in a hospifal or institution, give its NAME instead of streef and number.]  non Fast and Europe Streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH  Och 20, 19/4  (Month) (Day (Year)	that I last saw hslive on
7 AGE If LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Durafion) yrs. mos. ds
OF FATHER  State or country)  OF FATHER  OF FATHER  (State or country)  OF FATHER  (State or country)  OF FATHER  OF FATHER  (State or country)  OF FATHER  OF FATHER	(Signed) (Duraflon) yrs mos os (Signed) (Address) (Duraflon) yrs mos os (Signed) (Address) (Duraflon) yrs mos os (Signed) (Signed) (Address) (Duraflon) yrs mos os (Signed) yrs mos (Sign
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death?  Former or usual residence.
(Address). 1338 84 St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

30 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," 3

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-".Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for "Exhaustion," Never report For vio



	ity_Balt;		17	228	(26)	Registration I	Dist. No. 41
Village or City (No			<u> </u>	St.; Ward)	[if death occurr a hospital or institu givo its NAME ins of street and numb		
PERSONAL AND STATISTICAL PARTICULARS				TEDICAL CERTIFICATE	OF DEATH		
Male White Single, MARRIED, WIDOWED GR DIVORCED OR DIVORCED (Write the word)		rried		October			
6 DA	TE OF BIRTH			, 1 <b>876</b>	Septembe	EBY CERTIFY, That is a P. 22, 1915, to OC.	tober 3rd ,1
7 AG	E	(Mon	nth) (Day)	If LESS than 1 day, hrs. OR min.?	and that deat	h occurred on the date	stated above, at 10
11 - 10	CCUPATION  1) Trade, profess!  rticular kind of	work			Pulmonary I, P.		I, 10.
bu:	) General nature siness, or estab	lichment in					
	RTHPLACE (State or count	ry)	ctrician Columbia		Contributo Secondary	(Ourelien)	yrsmes.
v	State or count Di	John Ha	4		Contributo Secondary  (Signed)	hilip Pear	yrs mas
S L N H	INTHPLACE (State or count Dis	John Ha	Columbia		Secondary (Signed)	Puralion)	loten mos.
PARENTS	10 NAME OI FATHER  11 BIRTHPL OF FATH (State or NOT MOTE) 12 MAIDEN OF MOTE (State of State o	John Ha  ACE ER COUNTRY) Germ  NAME THER DOTA T: ACE HER COUNTRY) Wash:	Columbia rting any iefel ington, D.	C	(Signed)  Strate th CAUSTS, state SUICIDAL OF I  18 LENGTH OF F OR RECENT Re At place of deeth	THE BURNER CAUSING DEATH, a (I) VEANS OF INJUSTY; and fOMICIDAL.  RESIDENCE (FOR HOSPITALESIOENTS)  In the contracted,	OF INSTITUTIONS, TRANS
S L N H H H H H H H H H H H H H H H H H H	10 NAME OI FATHER  11 BIRTHPL OF FATH (State or NOT MOTE) 12 MAIDEN OF MOTE (State of State o	John Ha AGE ER COUNTRY Germ NAME HER Dora T	Columbia rting any iefel ington, D.	DGE	(Signed)  State th CAUSES, State SUICIDAL OF I  18 LENGTH OF F OR RECENT RI At place of deelhyrs.	THE BURNER CAUSING DEATH, a (I) VEANS OF INJUSTY; and fOMICIDAL.  RESIDENCE (FOR HOSPITALESIOENTS)  In the contracted,	or, in deaths from Viole (2) whether ACCIDENT s, INSTITUTIONS, TRANS he ate, yrs. mos.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Croccry; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of personsprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the pature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to-eletermine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For Violent deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee birth or miscarriage as "PUERPERAL septichaemia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train—accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never report mere "Exhaustion,"



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

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	PLACE OF DEATH	STATE OF MARYLAND		
Co	unty Baltimure 17288	CERTIFICATE OF DEATH Registered No. 32		
Vi	Hage or City Tablesville (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH		
3 SE	male White Single, wipower, Oroyle (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from		
6 DA	(Month) (Day) (Year)	that I last saw h in allve on Oct 16 4 , 1915		
7 AG	e   If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 121 m, The CAUSE OF DEATH* was as follows:		
(a) pari	CUPATION Trade, profession, or  licular kind of work.	Maias mus —		
busir whic	General nature of Industry, less, or establishment in h employed (or employer)  HTHPLACE ate or country)  B D Co Ind.	Gontributor Structure (Secondary)		
ITS	10 NAME OF FATHER ACCOUNTY) Bold. Co. Md.  11 BIRTHPLACE OF FATHER (State or country) Bold. Co. Md.	(Signed) (Ouration) yrs mos ds.  (Signed) Maylor, M. D.  Oct. 17th, 191 (Address) Mresoule, M. D.		
PARENTS	12 MAIDEN NAME OF MOTHER Jaa M. Sparwarer	*Staye the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
	13 BIRTHPLACE OF MOTHER (State or country) Bala. Co. Ind	OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds.  Where was disease contracted.		
	Informant) A artig	If not at piace of death?  Former or usual residence		
1 5 File	REGISTRAR	19 PLACE OF BURIAL PR REMOVAL  ANULA REOLE  20 UNDERTAKER  ADDRESS  Likesville		
	more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiduties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epideuic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritongeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Purpresal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraa-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_ "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) ... (name origin; "Can-State cause for "Exhaustion," Examples: For vio



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[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Dealer," etc., without more -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Scrvant, Cook. wife, Housework, or At Home, and children, not gainfully mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auloonly when needed. As examples: (a) Spinner, (b) Collon write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the bisease causing beath, Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Uracmia," "Weakness," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart discase; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichuemia," Examples: 'Accidental drowning; State cause for which Never report mere



	RECORD	PHYSICIANS should state it of OCCUPATION is very
MANGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.	WRIT	Every item of I CAUSE OF DE, Important. See

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1 PLACE OF DEATH			STATE OF MARYLAND
County Baltimore	17231	(1)	CERTIFICATE OF DEAT
Gounty	11601	(na)	Periotored No. 03

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Holbrook Village or Gity

St ;.... ....Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]

Annie R Haugh

	² FULI	L' NAME		
Ť	PERSO	NAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	emale	4 COLOR OR RACE White	S SINGLE,  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH October II , 191 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased fro
6 D	ATE OF BIRT	NOV.	, /	that I last saw here alive on Oct 10 ,1915
T A	GE	74 <sub>yrs.</sub> IO	mos, I5 ds. or min.?	and that death occurred on the date stated above, at 5 B. M. n The GAUSE OF DEATH* was as follows:  Think Lemmis (Failing Confessor
(b) bus wh	) General nature o siness, or estabil	rk		Contributory Cartae Cle
S	10 NAME OF FATHER	Wm. Kel		(Signed) William & Bayer M. 1  (Address) \$106 h Sulfan au
RENT	OF FATH (State or c	ountry) Asked a	and not given	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOT  13 SIRTHPL  OF MOTH  (State or co	HER Mary C	and not given	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  At place in the of death yrs. mos, ds. State yrs. mos, di
	(Intormant)	rs. Thomas		Where was disease contracted, It not at place of death?  Former or usual residence.  199 LAGE OF BUBIAL OR REMOVAL  FORTE OF BURIAL
15	~ <del>/</del>		1200	4. S. Wayhalf Och 14, 191

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations cases, especially in industrial employments, it is necbeen changed or given up on account of the disease gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc.. Carcinoscip

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstilial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



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#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lif death occurred in a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... t day.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ Where was disease contracted. If not at place of death?... Former or osual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL show Marl 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfuicated thus: CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—like primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Meastes; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secoudary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report For vio-



#### MARGIN

S. No. 1.

PHYSICIANS should state of OCCUPATION Is very RECORD PERMANENT stated EXACTLY. properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. may be of certificate. of information should be on back DEATH in plain terms, See Instructions CAUSE OF Important. N. B.

#### 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

. St agues	Hospital	St.	Ward)	
0	7	2	·····waiu)	
14. 2.				1

Ilf death occurred in

FULL NAME Julani Han	St.; Ward)  a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year)		
6 DATE OF BIRTH  Chole 8 , 1915  (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from October 8, 1915, to October 1915, that I last saw have allow on October 1, 1915		
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3.3.2 A.m. The CAUSE OF DEATH* was as follows:		
(b) General nature of Industry, business, or establishment in which employed (or employer)  PRINTHPLACE (State or country)	Contributory Secondary		
10 NAME OF FATHER JOSEPH Menderson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) Walka Causing Death, or, in deaths from Vicinent Tal, Suicidal, or Homicidal.		
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place of deathyrs mos3 ds. State yrs mos3 ds Where was disease contracted,		
(Informant) many Skullinger	If not at place of death?  Former or  usual residence		
Filed Delish 12, 1915 Walter J. Dahnely.	19 PLAGE OF BURIAL OR REMOVAL  DATE OF BURIAL  OCT. 13, 181.5  30 UNDERTAKER  ADDRESS  ALTUREOUP Bros. 10.48 Bolton		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dnties of the honsehold only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. ratvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tctanus) may be stated nnder the head of LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal scotichacmns," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was nndertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhanstion," State cause for Never report



	RECORD	PHYSICIANS should state of OCCUPATION Is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or Gity Applicant to 17234  Village or Gity Applicant (No. 37)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospifai or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX    4 COLOR OR RACE   5 SINGLE, MARRIED, MARRIED, WISTOWED, ORDIVISAGED (Write the word)  8 DATE OF BIRTH    (Month)	18 DATE OF DEATH  (Month)  (Day  (Year)  1 HEREBY CERTIFY, That I attended deceased from  1915, to  that I last saw has alive on Oct 9, 1915
(Month) (Day (Year)	- 0
**SOCCUPATION (a) Trade, profession, or particular kind of work.  (b) Seneral nature of industry, business, or establishment in which employed (or employer)	Stomach  (Duration) Yrs. X mos. 14ds.
SBIRTHPLACE (State or country)  10 NAME OF FATHER	Secondary  Stoward (Doration) yrs X mos X ds.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Russia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds
(Informant) Hang Kendler  (Address) 3 38 Bank St.  15 Filed Character Registrates	Where was disease contracted, 373 Bank if not at place of death?  Former or usual residence Bank Bank Date of Burial Place of Burial OR REMOVAL DATE OF BURIAL PROPERTIES ADDRESS 107 E ALLEMENT BALL BALL BANKS BALL BALL BALL BALL BALL BALL BALL BAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlou is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman."

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercules of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Cancer" is less defiuite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Meastes; Whooping cough; Chronie ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



PERSONAL AND STATISTICAL PARTICULARS  SEX  **COLOR OR RACE   **SINGLE   MARKING   MARK	PLACE OF BEATH	STATE OF MARYLAND
VIIIage or City Parville (No. St; Ward) a life death occurred in the course of street and number. If the state of street of st	Baltimore 179851	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  *COLOR OR RACE  **SHAME, SHAME  **PULL NAME  **PULL NAME  **PULL NAME  **PULL NAME  **PULL NAME  **PULL NAME  **COLOR OR RACE  **SHAME, SHAME  **SHAME AND STATISTICAL PARTICULARS  **SHAME AND STATISTICAL PARTICULARS  **SHAME AND STATISTICAL PARTICULARS  **MEDICAL CERTIFICATE OF DEATH  **SHAME AND STATISTICAL PARTICULARS  **MEDICAL CERTIFICATE OF DEATH  **MEDICAL CERTIFICATE OF DEATH  **MEDICAL CERTIFICATE OF DEATH  **MERCENTY (Month)  **(Nonth)  **(Per)  **(Nonth)  **(Nonth)  **(Per)  **(Nonth)  **(Per)  **(Nonth)  *	Sounty Joseph State Stat	Registered No. 44
SEX COLOR OR RACE  Male  Political  Politica	Decreed 1/4	give its NAME Instead
DATE OF BIRTH  Jensey (Month) (Day) (Year)  If LESS than 1 day, hrs.   Mos.   M	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
IN COCUPATION  a) Trade, profession, or allow hanger articular limits of work.  a) Trade, profession, or allow hanger articular limits of work.  a) Trade, profession, or allow hanger articular limits of work.  a) Trade, profession, or allow hanger articular limits of work.  a) Trade, profession, or allow hanger articular limits limits of work.  a) Trade, profession, or allow hanger articular limits limits of work.  a) Trade, profession, or allow hanger articular limits limits and that death occurred on the date stated above, at. made that I last saw h allow on.  and that I last saw h allow on.  191  that I last saw h allow on.  192  that I last saw h allow on.  194  and that death occurred on the date stated above, at. made that I last saw h allow on.  The CAUSE OF DEATH+ was a prollows:  ACUSE OF DEATH+ was a pro	MARRIEO, WIDOWED WILD WILL	(Month) (Day) (Year)
(Month) (Day)  (Year)  If LESS than and that death occurred on the date stated above, at. m the GAUSE OF DEATH* was as follows:  The GAUSE OF DEATH* was as fol		17 I HEREBY CERTIFY, That I attended deceased from
and that death occurred on the date stated above, at most of any trace, profession, or all trace, profession, or all traces of the state of work.    10     10	debruary & 180	, 191, to
The CAUSE OF DEATH* was as follows:    The CAUSE OF DEATH* was as follows:   The CAUSE OF DEATH* was as foll		that I last saw h alive on
DOCCUPATION  a) Trade, profession, or articular kind of work  a) General nature of industry, siliness, or establishment in hich employed (or employer)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)  15 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTA, SULTIDAL, or HOMICIDAL, or	1 day, hrs.	and that death occurred on the date stated above, at
a) Trade, profession, or articular kind of work  1) General nature of industry, silvess, or establishment in hich employed (or employer)  10 NAME OF FATHER  110 NAME OF FATHER  (State or country)  12 MAIDEN NAME OF GOTATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)  13 BIRTHPLACE  OF MOTHER  (State or country)  14 MAIDEN NAME  OF MOTHER  (State or country)  15 MAIDEN NAME  OF MOTHER  (State or country)  16 MAIDEN NAME  OF MOTHER  (State or country)  17 MAIDEN NAME  OF MOTHER  (State or country)  18 LINGUIDAL, OF HOMICIDAL  19 LINGTHALLOR (FOR HOBEITALE, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE (FOR HOBEITALE, INSTITUTIONS, TRANSIENTS,	yrsmos ds.   ORmin. ?	was accidentil bringed to
articular kind of work.    Contributory   Contribut	OCCUPATION	death in his own hours
Signed) Analy (Signed) Analy (Signed	articular kind of work hander hanger	nothing The house husered
Distributory    Contributory   Contr	b) General nature of Industry,	the state of the s
(Secondary)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Duration)  (Duration)  (State or country)  (State the Disease Causing Death, or, in deaths from Violent Tourner  (Address)  (State the Disease Causing Death, or, in deaths from Violent Tourner  (Address)  (State the Disease Causing Death, or	which employed (or employer) Later Gusnes	(Duration) yremosds.
10 NAME OF FATHER William Nengemin (Signed) Frank of Southe Corons & OF FATHER (State or country) Sermany  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Sermany  13 BIRTHPLACE OF MOTHER (State or country) Sermany  THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE (Informant) Serganur Language (State or country) Sermany  (Informant) Serganur Language (Informant)	BIRTHPLACE PA	Contributory (Secondary)
10 NAME OF PATHER Pullian Lengennih (Signed) Frank & Southe Coront & Signed) Frank & Signed) F	State or country) Termany	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Mother Not Recent Residence (For Hospitals, Institutions, Transients, or Recent Residence)  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY HOWLEDGE (Informant)  (Informant)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Recent Residence (For Hospitals, Institutions, Transients, or Recent Residence)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residence)  *Where was disease contracted, if not at place of death?  **Where was disease contracted, if not at place of death?  **Informant of the Cause of State (1) Means of Injury; and (2) whether Accidental or Recent Residence.  **Informant of the Cause of State (1) Means of Injury; and (2) whether Accidental or Recent Residence.  **Informant of the State of Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental or Recent Residence.  **Informant of the State of Causes of Injury; and (2) whether Accidental or Recent Residence.  **Informant of the State of Causes of Injury; and (2) whether Accidental or Recent Residence.  **Informant of the State of Causes of Injury; and (2) whether Accidental or Recent Residence.  **Informant of the State of Causes of Injury; and (2) whether Accidental or Recent Residence.  **Informant of the State of Causes of Injury; and (2) whether Accidental or Recent Residence.  **Informant of the State of Causes of Injury; and (2) whether Accidental or Recent Residence.  **Informant of the State of Causes of Injury; and (2) whether Accidental or Recent Residence.  **Informant of the State of Injury; and (2) whether Accidental or Recent Residence.  **Informant of the State of Injury; and (2) whether Accidental or Recent Residence.  **Informant of Injury; and (2) whether Accidental or Recent Residence.  **Injury of Injury of Injury; a	10 NAME OF FATHER WILLIAM Plans Plans	4. 4 4 4
13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY MAOWLEDGE  (Informant)  (Address 3. / S. Mashington S. (Address 3. / S. (Address 3. / S. Mashington S. (Address 3. / S. (Address 3		and 7, 191 (Address) Rossmu
13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY MAOWLEDGE  (Informant)  (Address 3. / S. Mashington S. (Address 3. / S. (Address 3. / S. Mashington S. (Address 3. / S. (Address 3	OF FATHER (State or country) Sermany  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY MAOWLEDGE  (Informant)  (Address 3. / S. Mashington S. (Address 3. / S. (Address 3. / S. Mashington S. (Address 3. / S. (Address 3	12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Acciden-
At place of death yrs. mos. ds. State yrs. mos. ds.  THE ABOVE IS TRUE TO THE BEST OF MY MAOWLEDGE  (Informant) Benjamin Largenieth Former or usual residence  (Address 3. / S. Mashington St. 19 Place of Burial or Removal Registrar Former or Usual residence  19 Place of Burial or Removal Registrar Feelly Redeemerten Registrar Feelly Release 403 8. Meeterst Hestoents  In the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 Place of Burial or Removal Registrar Feelle 403 8. Meeterst Hestoents  Address 3. / S. Mashington St. 19 Place of Burial or Removal Registrar Feelle 403 8. Meeterst Hestoents  At place in the of death yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 Place of Burial or Removal Registrar Feelle 403 8. Meeterst Hestoents  At place in the of death yrs. mos. ds.  Address 3. / State yrs. mos. ds.  Address 3. / State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 Place of Burial or Removal Registrar Feelle 403 8. Meeters Hestoents  At place in the of death yrs. mos. ds.  Address 3. / State yrs. mos. ds.  Address 4. / State yrs. mos. ds.  Address 4. / State yrs. mos. ds.  Address 3. / State yrs. mos. ds.  Address 4.		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
Where was disease contracted, if not at place of death?  (Informant) Benjamin Linguistic St. Former or usual residence.  (Address 3.7 8 Mashington St. 19 Place of Burial OR REMOVAL Letter 19, 1815)  Filed Oct 18, 1811 JUStamin Registrar Felly in Jeile 403 8. Mer.	13 BIRTHPLACE	At place in the
(Informant) Benjamin Lengeneth Former or usual residence  (Address 3.7 8 Mashington St. 19 Place of Burial OR REMOVAL  Siled Oct 18, 1911 JW Harman St. 19 Place of Burial OR REMOVAL  20 UNDERTANCE FEELE 403 8. Mer.  ADDRESS 403 8. Mer.		of death ure man do Ctate
(Address 3.7 8 Mashington St. 19 Place of Burial or Removal Let 19, 1915)  Filed Och (4, 191) JW Harman 20 UN DERTAIN Felle 403 8. Me.		Where were discours contracted
Hed Och 18, 19W JW Harring Felly a Feele 403 8. Me		Where was disease contracted,
Hed Och 18, 191 JW Harris 20 UN DERTANDE Feile 403 8. Me	THE ABOVE IS TRUE TO THE BEST OF MY HOOWLEDGE	Where was disease contracted, If not at place of death?
REGISTRAR Felly in feeler 403 8. We	(Informant) Benjamin Lingenich	Where was disease contracted, if not at place of death?
	(Informant) Benjamin Lingenich	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Informant) Benjamin Langenielle (Address 8.7. 8 Mashington St.	Where was disease contracted, if not at place of death?  Former or  Tsual residence  19 PLACE OF BURIAL OR REMOVAL  Arthur Redeementer  19 PLACE OF BURIAL OR REMOVAL  Arthur Redeementer  19 PLACE OF BURIAL  19 PLACE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) ceru: (a) Foreman, (b) Automobile factory. The If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can he ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of \_\_ Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name orlgin; "Candeath), 29 Never report Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCIDATION is very important. See instructions on back of certificate. BINDING FOR MARGIN RESERVED V. S. No. 1.

county Ballemore 17236	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cackagoully 712  2 FULL NAME Hanny Al	Registration Dist. No.  [If death occurred   a hospital or institution give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MABRIED MOTORIA  MABRIED MOTORIA  MODELLE OF BIRTH  S DATE OF BIRTH	(Month) (Day) (Year  The part of Death  (Month) (Month) (Day) (Year  The part of Death  (Month) (Month
Offred by 184	that I last saw h W alive on act 29 191.
7 AGE If LESS than	and that death occurred on the date stated above, at 2.500
73. yrs. 6 mos. 75 ds. OR min.?	The CAUSE OF DEATH & was as follows:
a) Trade, profession, or Gordinary Flours	mig
(b) General nature of Industry business, or establishment in which employed (or employer)	(Burstion) yrs. mos.
9 BIRTHPLACE (State or country) Frank for En Mrim	Contributory // Secondary
10 NAME OF GENERA Phily Hess	(Signed) Boll Brusses
11 BIRTHPLACE OF FATHER (State or country) Germany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
12 MAIDEN NAME OF MOTHER PLANTS CONTRACTOR BOUGH	CATSES, STATE (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL OF HOMICIOAL.
13 BIRTHPLACE OF MOTHER (State or country) Schly Gromay	OR RECENT RESIDENTS)  At place in the of deeth
(State or country)	Where was disease contracted,
	if not et pisce of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	

[Approved by U. S. Census and American Public Realth Association.]

write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (relired Housemaid, etc. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Cool mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetonus) may be stated Struck by railway train-occident; Revolver wound to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "PUBRPERAL septichaemia," etc., when a definite disease can be accertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valrular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... cause. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles: Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercurcarbolic acid-probably "Atrophy," ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANG should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B

Village or City Lovans (No. Rose  2FULL NAME Eugene Miles)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38  bank (26). St.; Ward) Lilderman  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Spirite (Write the word)  3 SEX  4 COLOR OR RACE   5 SINGLE, MARRIEO, Married Wildowso, Married ORDIVORSED (Write the word)	18 DATE OF DEATH Off 30 1915  (Month) (Day (Year)  17 Oct 25 1915, to Oct 39 1915,
(Month) (Day (Year)  7 AGE  (Month) (Day (Year)  1 day, hrs.  OR min.?	and that death occurred on the date stated above, at 30 m.  The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF	Contributory Contr
TATHER Clored Filderman  11 BIRTHPLACE OF FATHER OF FATHER (State or country) Pennsylvania  12 Maiden Name OF MOTHER  THE Clored Filderman  12 Maiden Name OF MOTHER  THE CLORES FILDER  TO STATE OF THE COUNTRY  TO STATE OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Pennsefloanie  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) MS Lucy W. Helderman	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds  Where was disease contracted, if not at place of death? former or usual residence.
(Address) Sovans Mod  15 Filed 31, 1915 M. Porla  FEGISTRAR  If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL  Restriction Cly. Lovans Nov, 191

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits eau be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (nvoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the Americau Medical Association.) eause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of injury, as fracture of skull, and eousequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," ehlldbirth or misearriage as "Puerperal septichaeeause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Meastes (disease eausing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," ete. State cause for "Exhaustion," For vio-



Cour		of DEATH timore	172	38/37	9	STATE OF MA	
			Registration Dist. No. 41  St.; Ward)  [If death occurred in a hespital or institution, give its NAME instead of street and number.]  MEDICAL CERTIFICATE OF DEATH		[If death occurred in a hospital or institution, give its NAME instead		
					Female Black Single Windows Or DIVORCED (Write the word)		
7 AGE (Month) (Day) (Year)  7 AGE If LESS than 1 day, hrs. 24 yrs. mes. ds. OR min.?			that I last saw her alive of october 5th 191.  and that death occurred on the date stated above, at 0.5  The CAUSE OF DEATH * was as follows:		tated above, al.O.56		
(b) General nature of Industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Maryland  10 NAME OF FATHER							
Unknown  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 Filed L. 7 , 1915 Mariam Bass Registran			Oct. 5th 1915 (Address) 1408 AL-  *State the Pinease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) Al place In the effect of death yrs. 2 mes. 1 ds. Slata, yrs. mos.  Where was disease contracted, if not al place of death?  Former or usual residence 406 Kemp Court	(2) whether Accidental,			
				ı,yredı			
				RIAL OR REMOVAL	DATE OF BURIAL  10 7 , 1815  ADDRESS  3, VI, Q.		
		If more blanks	are needed, address 8	State Registrar,		Balton Requesting V. S. No. 1	

BINDING

FOR

RESERVED

MARGIN

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Toreman," "Manager," "Deuler," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) ' rocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "Dropsy, Eduausown, "Heart failure," "Heemorrhage," "Inanition," "Marascough; Chronie valvular heart disease; Chronie interstitial "Tumor" for n.alignant neoplasms); Measles; Whooping ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of..... surgical operation was undertaken. For violent neates "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," ehopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childete., when a definite disease ean be ascertained as the (name origin; "Caneer" is less definite; avoid use of on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably to determine definitely. on Nomenelature of the American Medical Association.) " "Old Age," "Shoek," "Uracnia," "Weakness," or miscarriage as "Puerperal septichaemia," "Senile," etc.), "Dropsy," "Exhaustion," The contributory (seeondary or intereur-Examples: Accidental drowning; State cause for which Never report mere "Atrophy," "Col-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
Man - 1 Man (6	CERTIFICATE OF DEATH
County Balliume 17239	Registration Dist. No. 30
Village or City Helledole (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 4 COLOR OR PAGE   5 SINGLE.	18 DATE OF DEATH Red - 47 - The
wale Thite (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Janu 27 ,902	Dec , - 1914, to Oct 200, 1910,
(Month) (Day) (Year)	that I last saw h from alive on Oct 25th, 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 5 m,
/ .3 - vrs. 8 mos. 28 ds. or?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Fubricular Ostritio The
(a) Trade, profession, or	Spine texterval Cachymenings
particular kind of work  (b) General nature of industry,	
business, or establishmant in	(Duration)yrsmosds.
which employed (or employer)	Contributory the tical office, office
(State or country)	O Secondary)
10 NAME OF A	(Duration) yrs mos ds.
FATHER Demand Holl	(Signed) He Secretale Layer, M. D.
O 11 BIRTHPLACE	Oct 25, 1915 (Address) Conan Mastine Miledale
OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
	of death yrs ds. State yrs mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant)	Former or usual residence
(Address) Uhnapolib - mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	annalales and Cot- 27 1915
Filed Oct 25 1915 Washall Berst	20 UNDERTAKER ADDRESS
REGISTMAR	Seriver. 10/8Chen. D.
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oa) "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salesman, For persons

Statement of cause of death—Name, first, the disease causing death—Is me, first, the disease causing decidon with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla childbirth or miscarriage, as "Purrperal scottchaecause. Always qualify all diseases resulting from ture of the American Medical Association.) "Contributory." scpsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_ ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as -Kart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

0 3	PLACE OF DEATH	STATE OF MARYLAND
Coun	nty Rieltsmare AW &	CERTIFICATE OF DEATH
-		Registration Dist. No. 30
Villag	ge or City Catarulle (No	St.; Ward) [If death occurr a hospital or institution is NAME institution in the institut
- 1	2 FULL NAME COMES III 140	ffmane of street and numb
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE SINGLE, MARRIEO, MIONWEO OR OIVORCEO (Write the word)	18 DATE OF OEATH (Month) (Day)
6 OA	TE OF BIRTH	HEREBY CERTIFY, That I attended deceased
	Jan 1 1855	1910 , to Oct 11
7 AG	(Month) (Day) (Year)	that I last saw h alive on 15
AG	1 day, hrs.	and that death occurred on the date stated above, at
	yrs. White mos. White ds. OR min.?	The CAUSE OF DEATH & Was as follows:
(3	CCUPATION Trade, profession, or	
	Construction of work Construction (Construction) General nature of industry	Tullento beforeles following my variet
bus	siness, or establishment in ich employed (or employer)	(Duratton) 1 YES mos
	RTHPLACE	Contributory Carollas asherise
	(State or country) Maryland	(Auralian) , we a mae
	10 NAME OF FATHER	(Signed) Warshall B Wrot
တ	11 BIRTHPLACE	Od-18 1915 (Address) Catounielle
ENT	OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental Suicinal or Homicidal.
PAR	12 MAIOEN NAM OF MOTHE	
O.	13 BIRTHPLACE AND	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS)
	OF MOTHER (State or country) Maryland	Al place In the of deathyrsmosds. Stete,yrfmos
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at piace of death?
	(Informant) Henry le Hoffman	Former or - usual residence
	Clastaville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address)	Cathedral Cets 19 10
File	of 18 1915 marshall B Worst	20 UNDERTAKER ADORESS
	REGISTRA	Centa Sons Felliett le



[Approved by U. S. Census and American Public Health-Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grosery; (a) Foreman, (b) Autoprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physibusiness or industry, and therefore an additional line cian, Compositor, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Architect, At home. Care should be Never return Locomotive If retired from engineer, "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably suicule. Struck by railway train-accident; Revolver wound of birth or miscarriage as "Puerperal soptichucmia," "Puerperal peritonitis," etc. State cause for which to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as surgical operation was undertaken. For violent deaths "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," cause. etc., when a definite disease can be ascertained as the genital," "Senile," lapse," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," (merely symptomatic), "Atrophy," The contributory (secondary or intercur-"Convulsions," etc.), "Dropsy," "Debility" "Exhaustion," ("Con-



	1 PLACE OF DEATH	STATE OF MARYLAND	
Coun	Baltimae 17241	CERTIFICATE OF DEATH	
Quali		Registration Dist. No. 44	
	on or City Tharrow It (No 406 E.	[If death occurred	
Villag	ge or City (No. / No.	St.; Ward) a hospital or instituti	
	Townsta B. A.	of street and number	
-	2 FULL NAME LEADENA 10. 11.		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	A COLOR OR RACE 5 SINGLE, MARRIED, Married Wiooweo	16 DATE OF DEATH (COL. 3/2), 19	
ter	male While OR DIVORCED (Write the word)	(Month) (Day) (Ye	
6 OA	TE OF BIRTH	July 105 1015 to Oct. 3/13	
3 .	July 1841.	Sthat I lect cam h W alive on Cet. 30 14	
7	(Month) (Day) (Year)	- Cliat i last sail ii .	
7 AG	7// 2 /3 1 day, hrs.	and that death occurred on the date stated above, at	
	yrs. mos. ds. OR min.?	The CAUSE OF DEATH & Was as follows:	
		Cerewal Harmonhoge	
	CCUPATION	Celevial Marian ange	
(a pai	a) Trade, profession, or Horle	Celevae navaonage	
pai (b	a) Trade, profession, or Howel  irlicular kind of work  b) General nature of industry  isiness, or establishment in	(Buration) yrs. mos.	
par (b bus wh	a) Trade, profession, or Social Structure of Industry  b) General nature of Industry  Islness, or establishment in  hich employed (or employer)	(Buration) yrs mos / C  Contributory arterio - Sclerosco	
par (b bus wh	a) Trade, profession, or controlled the controlled	Contributory arterio - Sclerosco	
par (b bus wh	a) Trade, profession, or formular in the content of	Contributory Orlesso - Scelerosco Secondary  (Buration) yrs. mos.//	
pal (b bu: wh	a) Trade, profession, or writing and the state of country.  10 NAME OF FATHER  JOSOP MICHAELE	Contributory arters o - Scleross  Secondary  (Signed)  (Signed)  (Buration)  (	
pal (b bu: wh	1) Trade, profession, or friends and the state of the sta	Contributory arters o - Sclerosso Secondary  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Buration)  (Bura	
pal (b bu: wh	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 BIRTHPLACE OF FATHER  (State or country)  13 BIRTHPLACE OF FATHER  (State or country)  14 BIRTHPLACE OF FATHER  (State or country)	Contributory arterior - Sclerosco Secondary  (Signed) - Harman Connect in 1  (Signed) - (Address) Spances Fore	
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ARENTS who are a page of a	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIOEN NAME OF MOTHER  13 BIRTHPLACE  (State or country)  14 MAIOEN NAME  OF MOTHER  15 BIRTHPLACE  (State or country)  16 MAMOEN NAME  OF MOTHER  17 BIRTHPLACE  OF FATHER  (State or country)  18 MAIOEN NAME  OF MOTHER  19 BIRTHPLACE  OF MOTHER  OF MOTHER  10 MOTHER  11 BIRTHPLACE  OF FATHER  (State or country)	(Signed)  (Signed)  (Signed)  (State the Disease Causino Diath, or, in deaths from Violei Causes, state (1) Means of Injury; and (2) whether Accidenta or Recent Residents)  At place  (Buration)  (Buration)  (Buration)  (Guretion)  (Buration)  (Guretion)  (Guretion)  (For Hospitals, Institutions, Trans	
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PARENTS & But & Bu	a) Trade, profession, or Articular kind of work without work with one of general nature of industry isliness, or establishment in hich employed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLOGE  (Informant)  (Informant)  (Informant)  (Informant)	(Signed)  (Signed)  (Signed)  (Signed)  (State the DISEASE CAUSINO DIATH, or, in deaths from Violet CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidenta Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS)  At place of death yrs. mos. ds. Stete, yrs. mos. Where was disease contracted, If not at place of death?  Former or	
(a paint of the pa	10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIOEN NAME OF MOTHER  13 BIRTHPLACE (State or country)  14 BIRTHPLACE (State or country)  15 MAIOEN NAME OF FATHER  16 MOTHER  17 BIRTHPLACE (State or country)  18 MAIOEN NAME OF MOTHER  19 MAIOEN NAME OF MOTHER  10 Kinte or country)  11 BIRTHPLACE OF MOTHER  12 MAIOEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 MAIOEN NAME OF MOTHER  (State or country)  15 BIRTHPLACE OF MOTHER  (State or country)  16 C.	(Signed)  (Signed)  (Signed)  (State the DISEASE CAUSINO DIATH, or, in deaths from VIOLEI CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidenta Suicidal or Homicidal.  (Becant Residents)  At place of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not al place of death?  Former or ususi residence  (Buration)  (B	
Pall (a) (b) buth 9 BI STANDER A. 14 T. 15	a) Trade, profession, or Articular kind of work without work with one of general nature of industry isliness, or establishment in hich employed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLOGE  (Informant)  (Informant)  (Informant)  (Informant)	(Signed)  (Address)  (Ad	



[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. engaged in domestic service for wages, as Scruant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm luborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiespecially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part If the occupation has been changed Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the obly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., scpsis, tetanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "PUERPERAL septicharmia," "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urucmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Auaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. "Апаетіа" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meweles; Whooping The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," "Exhaustion, State cause for which Never report mere



PLACE OF DEATH  County Baltimore:  Village or City Bay View Asylum  2 FULL NAME:	17242 ( No. CITY H	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 41  [If death occurred is a hospital or institution give its NAME insteas of street and number.]	
· PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE White	SINGLE, MARRIED, WIDOWED WILDOWED OR DIVORCES dOWED	October 20th 191  (Month) (Day) (Year	
Male White OR DIVORCE GOWED  TAGE  Month  Mo		that I last saw him alive onOctober20th, 191 and that death occurred on the date stated above, at .3	
9 BIRTHPLACE (State or country)  Ireland		Contributory Secondary  Duraflon) yra mos	
James Hogan  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Helen Fling		(Signed)  Oct. 20th 191. 5 (Address) T.V. HOSPITAL.  *State the Disease Causing Drate, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST (Notemant)  (Address)  15 Filed OCX21, 191 5		At place of death yrs. mes. 5 de. Stata, yrs. mes. Where was disease cootracted, if not at place of death? Fermer or useal residence 23 E. Preston St.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ADDRESS LONG OF BURIAL OR REMOVAL ADDRESS LONG OF BURIAL OR REMOVAL NOT BURIAL  20 UNDERTAKER  ADDRESS LONG OF BURIAL OR REMOVAL NOT BURIAL  BURIAL NOT BURIAL OR REMOVAL NOT BURIAL N	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Frocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Statement of Occupation-Precise statement of occupa-Coat mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Publipmental septichaemia," etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck to determine definitely. Examples: Accidental drowning; by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Never report mere acid-probably



PHYSICIANS should state of OCCUPATION is very

properly classifled. Exact statement

stated EXACTLY.

PERMANENT RECORD

4

UNFADING INK-THIS IS

AGE

N. B.—Every item of information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

WRITE PLAINLY, WITH

#### 1 PLACE OF DEATH County Baltimore

17243

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 42

.St.;.....Ward)

[It death occurred in a hospital or institution, givo Its NAME Instead ot street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
35	4 COLOR OR RACE Shingle, MARRIED, WIDOWED, OROJOORED (Write the word) Hidoweo	16 DATE OF DEATH Oct. 14, 1915. (Month) (Day (Year)		
6 0	ATE OF BIRTH	17 I HEREST GERIIFY, That I attended deceased from		
- D.	Mor 14 , 1869 (Month) (Day (Year)	that I last saw h. 18 alive on Oct. 14, 1915		
7 A	(	and that death occurred on the date stated above, at a_m		
	1 day bre	The CAUSE OF DEATH* was as follows:		
	4.5 yrs // mos ds OR min.?	Carcinoma of Brent will armed		
# 10	CCUPATION  Trade, profession, or ( ) / 8/ 9	Augustusi:		
	Tracian profession, or Owner Haw Dressing	(abdomenal metusturis alant by		
bus	General nature of industry, Establishment.  ness, or establishment in	Emerical (Duration) 5 yrs mos ds.		
	ch employed (or employer)			
- 81	RTHPLACE (State or country)	Secondary		
_	10 NAME OF	Ouration) yrs mos ds		
	FATHER Sulmanne Bandin	(Signed) Walter a. Dolen Dock, M. D.		
ENTS	11 BIRTHPLACE OF FATHER (State or country) England	*State the DISEASE CAUSING DEATH, on in deaths from VIOLENT		
PARE	12 MAIDEN NAME OF MOTHER ()	TAL, SUICIDAL, OF HOMICIDAL.		
-	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	OF MOTHER (State or country) England	At place of death yrs mos ds ln the yrs mos ds		
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?		
	Informant) Mus S. Hyner	Former or usual residence Mararre apartments Balts		
	(Address) Mararre agets. Balto.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
15		Dear Suria cemeling. October 17 19115		
FIL	Delwhold 1915 Walter a Ophendal	20 UNDERTAKER ADDRESS		
	. REGISTRAR	Wing Guetner. Pens North ang		
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Honsewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: "Foremau," (b)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tibereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Tuerperal septichae cause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Coutheuia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if Impossible to determine definitely. Examples: The contributory (secondary or Intercurrent) (Recommendations on statement of State cause for Never report For VIO-



IANS ent of	County Bulto kid	STATE OF MARYLAND CERTIFICATE OF DEATH		
PHYSICIAN: statement	Village or City arluston (No. 54080	Park Heights Ward) [If death occurred in		
CTLY.	2 FULL NAME State C. Ja	a hospital or institution, give its NAME instead of street and number.]		
XA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
stated EXA( rly classified te.	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIGOWED OR OIVORGEO (Write the word)	16 OATE OF DEATH  (Month) (Day) (Year)  17   HEREBY CERTIFY. That I attended deceased from		
nould be sta be properly certificate.	6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h exactive on Ock 20 1915;		
AGE shit may b	7 AGE  1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at # 30m. The CAUSE OF DEATH * was as follows:		
supplied. s, so that tions on t	GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry	Garrent Heworthy		
fully su terms, struction	business, or establishment in which employed (or employer)	(Duration) 2 yrs moe de.		
are in	9 BIRTHPLACE (State or country) Baltimore Mid.	Contributory Exhaust Low		
n p n	10 NAME OF FATHER Martin Cassidy	(Signed) It Musulen M. O.		
ion should F DEATH important.	II BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME  (12 MAIOEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
format USE O is very	of MOTHER we be for  13 BIRTHPLACE OF MOTHER (State or country)  Peland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrsmoeds. State,yremoede.		
Item of in state CA	(Informant) W Dristor	Whore wes disease contracted,  If not et plece of death?  Former or  usual residence		
Every its	(Address) 2265 h Celrent	new Cathedrel Oate of Burial Oate of Burial		
. B.—S.	Flied Oct 24, 1915 mm & Owen	John B. Sever 1325 have		
Z	If more blanks are needed, address State Registrar,	1 W. Saratoga St., Batto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in the second statement. For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by roilway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," ehopneumonia (secondary), 10 ds. Never report mere nephritis, ctc. cough; Chronie vulvular heort disease; Chronie interstitial genital," lapse," "Coma," "Anacmia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Meosles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of etc., when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Dropsy," "Debility" "Atrophy," "Col-"Exhaustion,"



PHYSICIANS

statement

may be

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back

DEATH in piair

OF Every Item CAUSE OF Important.

Ilddus

PERMANENT

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEAT Registration Dist. No... [If death occurred in .Ward) a hospifal or institution. give its NAME instead of sfreet and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEY 16 DATE OF DEATH MARRIED. Suryle 4 COLOR OR RACE WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH nuknow. (Month) (Day (Year) TAGE If LESS fhan f day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of wor (b) General neture of Industry. business, or establishment in which employed (or amployer) ..... Secondary State or country) 10 NAME OF PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE Af place In fhe OF MOTHER (State or country) of death \_\_\_\_\_ yrs. ..... State ..... yrs. \_ Where was disease contracted. If not af place of death? usual residence DATE OF BURIAL 15 ADDRESS

REGISTRAN If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesse of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencia-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-



STATE OF MARYLAND LY. PHYSICIANS Exact statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Village or City ....Ward) a hospital or institution. give its NAME instead of street and number. ] EXACTL RECORE classified. PERSONAL AND MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE 16 DATE OF DEATH 4 COLOR OR RACE MARRIED PERMANENT WIDOWADA OR DIVORCED (Month) properly certificate CERTIFY, That I attended deceased from pe 6 DATE OF BIRTH pino pe (Month) (Day) (Year) TAGE of ·if LESS than may and that death occurred on the date stated above, at 1.30 m. ы 1 day, hrs. back C min. ? A + supplied. 0 **OCCUPATION** (a) Trade, profession, or ons particular kind of work N N b) General nature of industry terms, instructi business, or establishment in carefully which employed (or employer) 9 BIRTHPLACE Contributory Secondary lain (State or country) See Buration) 10 NAME OF pe FATHER C pino Important I S 11 BIRTHPLACE (Address) ENT OF FATHER 4 \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (State or country) PLAINLY, ш PARE 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER Br. Iformatic 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS very 13 BIRTHPLACE Al place of infor OF MOTHER WRITE S ot death (State or country) Every item of in should state CAI OCCUPATION i ⋖ Where was disease contracted 14 THE ABOVE IS TRUE TO THE BEST OF MY It not at place of death? (Informant) (Address) 15 8 REGISTRAR ż If more Manks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S./No. 1.

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: *Farmer* (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cion, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many "Foreman," "Manager," "Dealer," etc., is provided for the latter statement; it should be used business or industry, and therefore an additional lineknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part But in many cases, without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or miscarriage eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Turnor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras-The nature of the injury, as fracture of skull, "Senile," etc.), as "Puerperal schichaemia, "Dropsy," carbolic acid-probably State cause for which Never "Exhaustion, report mere to punon



S. No. >

Villa		Bay View Asylu	No. O			St.; Ward)	[If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONA	L AND STATIS	TICAL PARTICU	LARS	M	EDICAL CERTIFICATE OF	DEATH
3 SE		COLOR OR RACE Black	5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	idowed	16 DATE OF DEA	October (Month) EBY CERTIFY, That I atte	3rd , 191 (Year)
	TE OF BIRTH	(Мог	th) (Day)	, 1.855 (Year)	July 1st	, 191 5 to Octo	ber 3rd , 1915
7 AG		yrs	mosds.	If LESS than 1 day, hrs. OR mln.?	The CAUSE OF	F DEATH * was as follows	s:
whi	RTHPLACE (State or country	Maryl and		-		(Buration)	угз. Моа. С
ENTS	II BIRTHPLACE OF FATHER (State or countrMaryland)  12 MAIDEN NAME OF MOTHER Margaret Shark  13 BIRTHPLACE OF MOTHER (State or country) Maryland				(Signed)  Oct. 4th 191 5 (Address) GITY HOBPITAL  State the PISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MENS OF INJURY; and (2) whether ACCIDENTAL,		
PAR					CAUSER, State (1) Mains of Injurt; and (2) whether Accidental, Suicidal of Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transien or Recent Residents) At place of daath yrs. 3 mes 2 ds. State, yrs. mes.		STITUTIONS, TRANSIENT
	(Interment)	RUE TO THE BES	T OF MY KNOWLE	DGE	Former or usual residence	507 Wilson St.	
18 File	(Address)	1	mam r	Baly REGISTRAR	MX (29 UNDERTAKE	auburn	DATE OF BURIAL  JULIAN, 191 SADDRESS  42 W HILL F



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. nees of various pursuits can be known. The question tion is very important, so that the relative healthfulmobile factory. mill; (a) Salesman, (b) 'roccry; (a) Foreman, (b) Autoonly when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the or given up on account of the nisease causing neath, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Loborer "Foreman,"-". Manager," "Dealer," etc., without more of the second statement. write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. employed, as At school or At home. Care should be Statement of Occupation -- Precise statement of occupa-Coal mine, etc. Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the INSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, periionaeum, ctc., Carcinoma, Sarcoma, etc., of..... SUICIDAL, OF HOMICINAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haentorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meosles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound state means or injury and qualify as accinental, cause. Always qualify all diseases resulting from child-"Anacmia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of or miscarriage nia" (merely symptomatic), "Atrophy," "Col-"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere



N. B. -Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. S. No. 1.

	PLACE OF DEATH C	ITY DETENTION HOSPT.	FOR INSA	NE STATE OF MARYLAND
Coun	ty Baltimore	17248	(0%)	CERTIFICATE OF DEATH  Registration Dist. No. 41
Villag	ge or City::::::::::::::::::::::::::::::::	Henry Johnson		St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND ST	ATISTICAL PARTICULARS	M	EDICAL CERTIFICATE OF DEATH
3 SE)	x 4 color or r Male Black	ACE SINGLE, UNKNOWN WIDOWED OR DIVORCED (Write the word)		ctober lst ,191 5 (Month) (Day) (Year)
6 DAT	TE OF BIRTH	(Month) (Day) , 267	April 22	nd, 191 5, to October lst, 191 5 h im alive on September 30 , 191 5 ,
7 AGI	5Qyrs	if LESS than   1 day,hrs.   ORmia. ?		occurred on the date stated above, at 9A.m. F DEATH * was as follows:
busi white	CUPATION ) Trade, profession, or ticular kind of work ) General nature of industry inchess, or establishment in inch employed (or employer)  RTHPLACE (State or country)  VIRE 1	Laborer		(Burailon) yrs. mes. ds.
S	10 NAME OF FATHER UNKNOWN		(Sigsed) T	Thilip Pearlotern M. O. 1915 (Address City Deteutions Hogalaf
ARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	Unknown	SUICIDAL OF H	DIMEABE CAUSING DEATH, or, in deaths from VIOLENT (1) MRANS OF INJURY; and (2) whether Accidental, OMICIDAL.
ď.	13 BIRTHPLACE OF MOTHER (State or country)	Unknown	OR RECENT RES	5 mes. 8 ds. State,yrs. mes. ds.
	(Informant)	E BEST OF MY KNOWLEDGE	If not at place of de Former or usual residence	Unfanour
16	(Address)	misia) Baer.	19 PLACE OF BU  A Cru  29 UNDERTAKE	PIAL OR BURIAL  DATE OF BURIAL  ADDRESS  ADDRESS
1 8 6		REGISTRAR Blanks are needed, address State Registrar,	16 W. Saratoga St.,	Wall Fow Il Wont Royal we Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Important.

N. B.

PLACE OF DEATH	WO 40
County Ballimore	7249 C
Village or City Rossville (No.	.0
FULL NAME John	sow.
PERSONAL AND STATISTICAL PARTICULARS	MED
Jaex Color or RACE MARRIED, Serge ORDIVORCED (Write the word)	16 DATE OF DEATH
8 DATE OF BIRTH	17 I HEF
7 AGE THE STATE OF	that I last saw h
particular kind of work	Gontributory (Secondary)
10 NAME OF Mildrick Dolorals	(Signed) Fina
of FATHER (State or country) Marylan	*State the Disparate (1)
of MOTHER Mildred John	CAUSES, state (1) I TAL, SUICIDAL, OF I
13 BIRTHPLACE OF MOTHER (State or country) Maryland	OR RECENT RESIDEN At place of death yrs
(Informant) Betty downes	Where was disease contract if not at place of death?
(Address) Rossvell M.	19 PLACE OF BURIAL Buty Hol
Filed Oct 2 1915 fw Harr	

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 44

.....St;......Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

18 DATE OF DEATH	Oct		., 191.5
	(Month)	(Day)	(Year)
17 I HEREB	Y CERTIFY, That	I sttended de	eased from
***************************************	191, to	*******	191
hat I last saw h a	ıllve on	***************************************	191
nd that death occurred	on the date state	d above, at	m,
he CAUSE OF DEATH	was as follows:		
6		1	
Nor	w dee	201	***************************************
***************************************	Du	und	
	000000000000000000000000000000000000000	•	
900000000000000000000000000000000000000	(Duration)	yrsm	osds.
Contributory(Secondary)	******************	•=•••••	••••••
	(Duration)	yrs	osds.
Signed) Fran	1k 7	Foulk	Cosa
			samples of the man
907 191.0	(Address) Ros	svill	c 1210
*State the DISEASE C	AUSING DEATH, OF,	in deaths from	. VIOLENT
CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM	ICIDAL.	(-, .,	ACCIDEN-
8 LENGTH OF RESIDEN			
8 LENGTH OF RESIDENTS	ICE (FOR HOSPITALE		
BLENGTH OF RESIDEN OR RECENT RESIDENTS) t piace	ICE (FOR HOSPITALE	, Institutions,	FRANSIENTS,
BLENGTH OF RESIDENT OR RECENT RESIDENTS) t piace t death yrs mos Yhere was disease contracted.	ICE (FOR HOSPITALE In theds. Slate	, Institutions,	FRANSIENTS,
BLENGTH OF RESIDENTS) or RECENT RESIDENTS) it piace t death yrs mos Yhere was disease contracted, f not at place of death?	ICE (FOR HOSPITALE In theds. Slate	, Institutions,	FRANSIENTS,
BLENGTH OF RESIDEN  OR RECENT RESIDENTS)  t piace t death yrs mos  Yhere was disease contracted, f not at place of death?  former or	ICE (FOR HOSPITALE In theds. State	, Institutions,	FRANSIENTS,
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8 LENGTH OF RESIDEN	ICE (FOR HOSPITALE In the ds. State .	, Institutions,	PRIAL
BLENGTH OF RESIDENTS) or RECENT RESIDENTS) It piace it death yrs. mos where was disease contracted, if not at place of death? Former or usual residence  PLACE OF BURIAL O	ICE (FOR HOSPITALE In the ds. State .	, Institutions,	FRANSIENTS,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers "Manager," "Dealer," etc. without more precise speci-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesma Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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V. S. No. 1.

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PLACE OF DEATH



16 DATE OF

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(Signed)

Qcl

18 LENGTH OR RECEN At place of death .... Where was dis If not at place Former or usuel residence

20 UNDERT

CERTIFICATE OF DEATH
Registration Dist. No.
St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH  (Month) /9 (Day) (Year)  HEREBY CERTIFY, That attended deceased from
at I last saw her alive on Oct 19 1913
d that death occurred on the date stated above, at 3/1 m.
e CAUSE OF DEATH * was as follows:
(Buration) wyferwydd de.
Secondary (Buratism) yrs. mos. 46.
nod) & S. Cook , M. O.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  place that the state, s
rmer or uel residence 518 W Lee St
MY Auburn Date of Burial Det 27181 5
UNDERTAKER  1. Dayle + Soul 15 E. Lee St.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Hausekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-Housemaid, etc. "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," only when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, Locomotive engineer, eer, Stationary fireman, etc. But in many If the occupation has been changed (a) Spinner, (b) Cotton But in many cases, If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasunder the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," on Nomenclature of the American Medical Association. on statement of cause of death approved by Committee to determine definitely. cause. Always qualify all diseases resulting from childchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway The contributory (secondary or intercurtrain-accident; Revolver wound of Examples: Accidental drowning, State cause for which Never report mere ACCIDENTAL,



County Dallo	17251.	(2A)	STATE OF MARYLAND CERTIFICATE OF DEATH
MUNICI	PAL TUBEROUN	OSIS HOSP.	- Elf dooth on
Village or City	J. J.		St.; Ward) [In cean sec a hospital or in give its NAME of street and in
PERSONAL AND STATISTICA	AL PARTICULARS	M	DICAL CERTIFICATE OF DEATH
-M	INGLE, IARRIED STORMED ROLL OF THE STORMED STO	16 DATE OF DEA	(Month) (Day)
6 DATE OF BIRTH	, 18,	1 that I last saw	BY CERTIFY, That I attended decease
7 AGE	(Day) (Year)	and that death	occurred on the date stated above, at
2 8 yrs mos.	1 day, hrs or min.?	The CALIEF OF	DEATH * was as follows:
(a) Trade, profession, or particular kind of work	does	ferst	
(b) General nature of industry business, or establishment in which emplayed (or employer)			(Buration) yrs mos
9 BIRTHPLACE		000	
(State or country)		Secondary 0	acrete miles
(State or country)	nia	Contributor Secondary	en la (Buration) pro mos
10 NAME OF FATHER	t Itoris	Secondary  Lule  (Signed) E	1915 (Address) Manage Capel
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	nia t Itoris ginia	(Signed)	(Burailen) yrs. mos.  1815. (Address) Manage Capell of Disparae Causing Dratti, or, in deatha from Vic (1) Meana of Injury; and (2) whether Accide Micidale.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	t Honis	(Signed)  State the CAUSES, state SUIGINAL OF HOUSE OR RECENT RES	(Burailen) yrs. mos.  1815. (Address) Marie Cafel  DISEASE CAUSING DEATH, or, in deaths from Vic (1) MEANS OF INJURY; and (2) whether Accide MICIDAL  SIOENCE (FOR HOSPITALS, INSTITUTIONS, TRA IDENTS)  Jo Ins.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE	t Itoris  ginia  tanis  MY KNOWLEGGE	Secondary  (Signed)  State the CAUSES, State SUICIDAL OF HE  18 LENGTH OF RE OR RECENT RES At place of death	(Burallen) yrs. mos.  1815. (Address) Manage Causing Dratti, or, in deaths from Vic (1) Means of Injury; and (2) whether Accide MICIDAL  SIOENCE (FOR HOSPITALS, INSTITUTIONS, TRA IDENTS)  In tha  mes. ds. State, yrs. mos strected,
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)	t Honis  Sinia  Fanis  MY KNOWLEGE	(Signed)	(Buralien) yrs. mos  191
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF	t Honis  sinia  fanis  MY KNOWLEGE	Secondary  (Signed)  State the CAUSES, State SUICIDAL OF He OR RECENT RES At place of desith	(Burallen) yrs. mos.  181



[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Croeery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, ness of various pursuits can be known. business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from The question (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

Struck suicide. The nature of the injury, as fracture of skull, mus," "Old Age," "Shock," "Uracmia," "Weakness, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) to determine definitely. "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Hacmorrhage," "Inanition," "Marasby railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound Examples: Accidental drowning; State cause for which Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

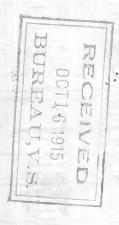
9

[Approved by U. S. Census and American Public Health Association.]

of the second statement. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Plunter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line business, that fact may be indicated thus: Farmer (retired Housemaid, etc. Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

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cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Urarmia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver birth or miscarriage as "Puenpenal septichaemia," eause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which Never report mere (Recommendations wound



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS See Instructions on back of certificate. PLAINLY, WITH of information should be WRITE N. B.—Every Item CAUSE OF Important.

#### 1 PLACE OF DEATH Baltimore To

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

It death occurred in a hospital or institution, give its NAME instead ot street and number.]

-rull name	***************************************
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White Since MARRIED Married ORDINARIES (Write the word)  8 DATE OF BIRTH  Fole / 4 (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1915, to 0ct 19, 1915, that I last saw here alive on 0ct 19, 1915
TAGE    If LESS than   1 day,hrs.	and that death occurred on the date stated above, at 11: 457m, The CAUSE OF DEATH* was as follows:  Pulmonary Julyspulose
(b) General nature of Industry, business, or establishment in which employed (or employer)  PRINTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER John Delea  11 BIRTHPLACE OF FATHER (State or country) France  12 MaiDen NAME OF OF MOTHER CON (??)	(Signed) (Buration) yrs mos ds.  (Signed) (M. D. M. D.
13 BIRTHPLACE OF MOTHER (State or eountry)  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA)  At place of deathyrs,mos,ds. Stateyrs,mosds
(Informant)  (Address)  (Address)	It not at place of death?  Former or usual residence 402 w 27th st. Balta luce  19-LACE OF BURIAL OBJECTION OVAL  20 UNDERTAKER  ADDRESS
(Informant)  (Address)	Where was disease contracted, 402 122 29th st. It not at place of death?  Former or usual residence 402 102 7th st. Balta lu  19 PLACE OF BURIAL ORTHEMOVAL  19 PLACE OF BURIAL ORTHEMOVAL  20 14 19 19 19 19 19 19 19 19 19 19 19 19 19



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; applies to each and every person; irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which snigical operation was undertaken. mia," "Puerperal peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nnless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convnisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Inmor" for malig-The contributory Always qualify all diseases resulting from Measles (disease cansing "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or interchrrent) death), 29 ds.; "Exhanstion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

County Balsimore 17254	CERTIFICATE OF DEATH
Village or City Joevson (No. Gudou)  2 FULL NAME arthur C.	Registration Dist. No.  road Janse, Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARFIELD, Single WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH October 28, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH  NOV. 5 1894	Left. 15, 1915, to Oct. 28, 1915,
(Month) (Day) (Year)  7 AGE  1 If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
Particular kind of work Coal Keeper	fulmonen Lukerculous.
(b) General nature of lodustry business, or establishment in which employed (or employer)	probably (Durellen) 2 yrs. — mes. — ds.
9 BIRTHPLACE (State or country) annapoles . Md.	Secondary Secondary
10 NAME OF J. C.V. Kalmey	(Signod) Marlon J. Joan M. U.
U 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
of Mother arolines, Stewart	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At piece In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deeth yrs. mes. ds. State, yrs. mes. ds.  Whore was disease contracted,
(Informant) fatient	Former or weuel residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed let #8, 191 Fland frames REGISTRAR.	20 UNDERTAKER SO2-8 MICE
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. -Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Pealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Croccry; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil cngineer, Stationary fireman, etc. But in many cases, write None. Housemaid, etc. of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Never return If retired from "Laborer,"

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PHYSTELANS Should of OCCUPATION IS PERMANENT RECORD statement EXACTLY. Exact stated properly classifled. 4 be IS pinous UNFADING INK-THIS AGE carefully supplied. may be of certificate. that 80 PLAINLY, WITH pe DEATH in plain terms, pinous Item of information WRITE CAUSE OF Important. m

#### state Very See instructions on back

1 PLACE OF DEATH County PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCEO (Write the word) OF BIRTH (Month) TAGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature at industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF

FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

(Address

OF FATHER (State or country)

PARENTS

15

(Day

(Year)

It LESS tha

t day hrs OR ..... min. ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist

1	St.;	Ward)	[if death occurred is a hospital or institution give its NAME Instead of street and number.]
CAL	CERTI	FIGATE OF	DEATH

MEDICA	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Cles (Month)	13 (Day	, 1915 (Year)
1. 1 00	SY CERTIFY, The	t I attended d	2, 191 0
and that death occurred The CAUSE OF DEATH	_	: 1.	6
Contributory Secondary (Signed)	(Doration)	yrsyrs	
10,1 12	(Address)  CAUSING DEATH, ANS OF INJURY:	orbei	rom Violen
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs. mo Where was disease contracted it not at place of death?————————————————————————————————————	NCE (FOR HOSPITA ) In the		
19 PLACE OF BURIAL C	REMOVAL	DATE OF	BURIAL

No. 00

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., mia," "PUERFERAL peritonifis," etc. State cause for cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerreral septichaectc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopnicumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of The nature of the Never report Ex-



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pinous PHYSICIANS shou RECORD PERMANENT Exact supplied. UNFADING 2 0 OF CAUSI

state Very 70 back Instructions mportsnt.

10 NAME OF FATHER

ARENT

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

(Address)

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No Ilf death occurred in St: .....Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1888 (Day) (Year) (Month) It LESS than and that death occurred on the date stated above, at 18304 TAGE 1 dey,....hrs. BOCCUPATION (a) Trade, profession, or (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory... 9 BIRTHPLACE (State or country) (Secondary)

(Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place				in the			
of death	yrs	mos	ds.	State	yrs,	mos	ds
Where was disc	ase contra	cted,					
It not at piace	of death?	*****************				**************	

DATE OF BURIAL

915

19 PLACE OF BURIAL OR REMOVAL

Former or usual residence.

Cersey City	6 ch 293,
OUNDERTAKER	ADDRESS
7-01-1000	1 Total Co

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Scrvant. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Toup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma, etc., of ...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails-"Contributory." etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Examples:



V. S. No. 1.

PLACE OF DEATH  County Boltimore 17257	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registered No. 2443 F
Village of City Md. Sheppard TEMP (No	a hospital or institutioo, give lis NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Duale White Single WHOWED, SAFTORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH  Vuly 19  (Month) (Day) (Year)	that I last saw h man alive on Och 1915:
7 AGE  3 3 yrs 2 mos. 2 ds. OR min.?	and that death occurred on the date stated above, at 345° Cm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or Hale Junager  particular kind of work Hale Junager  (b) Beneral nature of industry,	Orebeal Kennorhage
business, or establishment in Hotel Manager, which employed (or employer) Hotel Manager	(Ouration) 45 minutes ds.
9 BIRTHPLACE (State or country) mary land	(Secondary)  - Selerases (Deration) Confirmation is
10 NAME OF FATHER OTHS Reller	(Signed) - & G. Sargeut, M. D.
11 BIRTHPLACE OF FATHER (State or country) Trederick by Mid.  12 MAIDEN NAME OF MOTHER TIME. (291)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of deathyrs, mos, ds. Stateyrs, mos, ds.
(Informant) May So, Helles, Rickmond	Where was disease contracted, Englandere It not at place of death?  Former or usual residence.  Lew yeels
(Address) West Hampton College Va Filed Od- 3 1915 M. J. Purla REGISTRAR	Loudon Park Gemeter Oct 3.55, 1915.  20 UNDERTAKER  Jemy W. Junkins Jons Comments McCullet Forhaid
If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosts of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage, as "Puerperal scottchaecer" is less definite; avoid use of "Tumor" for mally. oma. Sarcoma. etc., of . ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition." "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronio "Contributory." ACCIDENTAL, SUICIDAL, Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of or Homicidal, or as probably (name origin; "Can-State cause for Never report Examples: For vio-



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Bati	CERTIFICATE OF DEATH
County Waltenesse	Registration Dist, No. 38
Village or City Tutherville (No. K. l.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, Widower ORDIVORGED (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
November 24, 1830  (Month) (Day (Year)	that I last saw h six all ve on OCA 16 1915
84 yrs 10 mos 23 ds. OR min.?	and that death occurred on the date stated above, st 330 Am, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or farmer particular kind of work	Witten Mephritis
(b) General nature of industry, business, or establishment in which employed (or employor)  BIRTHPLACE (State or country)  Baltimore  City	(Duration) / yrs 10 mos. ds.  Contributory Condina Expansion
10 NAME OF FATHER ORLOW Kellogg	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) Cocuse ti cut 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal,
of Mother Eleanor Clark  13 BIRTHPLACE OF MOTHER (State or country)  Marglaced	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)  At place in the ot death yrs, mos, ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Interment) Heardearthe -	Where was diseaso contracted, If not at place of death?————————————————————————————————————
(Address) Lethervelle led: Filed 64-17, 1815 M. G. Porle	Description of Burial OR REMOVAL DATE OF BURIAL OR REMOVAL DET & 1917
If more blanks are needed, address State Regist	trar, 6 E. Transin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medicai Association.) The contributory tetanus) may be stated under the head of Always qualify all discases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



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#### PHYSICIANS statement of ciassified properly of certificate pe AGE s back that 0 instructions 8 terms, piain See ATH in important. tal should state CAUSE OF DOCCUPATION Is very imp m

1 PLACE OF DEATH

<sup>2</sup> FULL NAME

Bay View Asylum

4 COLOR OR RACE

White

PERSONAL AND STATISTICAL PARTICULARS

(Month)

Mary Kelly

WIDOWED Widowed OR DIVORCED (Write the word)

5 SINGLE,

Housework

County Baltimore

Village or City.....

3 SEX

7 AGE

S

ENT

AR

Femal e

5 DATE OF BIRTH

54

(a) Trade, profession, or

particular kind of work

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE

(Address)

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

9 BIRTHPLACE

(b) General nature of industry

business, or establishment in

which employed (or employer)

(State or country) Ireland

OF MOTHER (State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

17259	(R)	(91)
(No.		BPITAL.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 day, hr

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

TY HO	St; Ward)	[if death occurred in a hospital or institution, give its NAME inslead of street and number.]
RS	MEDICAL CERTIFICATE OF	DEATH
owed	16 DATE OF DEATH October (Month)	14th, 1915
	17 I HEREBY CERTIFY, That I atte	
. 0.63	July 1st ,191 5, toOctob	er 14th, 1915
, 1 861 (Year)	that I last saw h.er alive on Octo	ber 14th, 1915
if LESS than	and that death occurred on the date state	ed above, at 8 . 154
day, hrs.	The CAUSE OF DEATH & was as follows	
***************************************	arterios Urros.	
	Thy per true in	<b>/</b>
******************	bialisisa	***************************************
	Contributory Contributory Secondary	7
	(Signed) (Si	OBPITAL. M. O
	*State the Dispass Causing Death, or, in Causes, state (1) Means of Injunt; and (2) Suicidal of Homicidal	deaths from VIOLENT whether Accidental,
E	Where we disease contracted, if not at piece of death?	STITUTIONS, TRANSIENTS. de
9 9 9 9 0 4 0 4 0 9 9 9 9 9 9 9 9 9 9 9	Former er osuel residence B , V , A , (1008 MA	Coy of.
<u> </u>	I PLACE OF BURIEL ON REMOVAL	DATE OF BURIAL
aex	20 UNDERTAKER	DDRESS

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully --Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Gracery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age Housemaid, etc. If the occupation has been changed For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Uraemia," "Weakness, lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marse-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenpenal seplichaemia," "Puenpenal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; by railway train-accident; Revolver wound of Poisoned by carbolic acid-probably ACCIDENTAL,



PHYSICIANS RECORD PERMANENT pino piain EATH 200 OF

PLACE OF DEATH

#### CERTIFICATE OF DEATH OCCUPATION Registration Dist. No. [If death occurred lo .Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 BINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Dav (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General neture of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 50 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs, \_\_\_ Where was disease contracted. 14 THE ABOV If not at place of death? Former or usual residence important. Every It PLACE OF BURIAL DATE OF BURIAL (Address) 16 ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, c. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of



No. 1. 30

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1 PLACE OF DEATH

County Ballimore 17261	CERTIFICATE OF DEATH
, // /	Registration Dist. No
Mana Mohtel 18	[If death occurred in
Village or City M. M. (No	St.; Ward) a hospital or institution, give its NAME instead
800 - King	of street and number.]
FULL NAME Of the Thing	,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE,	16 DATE OF DEATH OCT 11 1015
WIDOWEO, MICH	(Month) (Day) (Year)
of emal / White the word)	I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	aug 1 ,1915 to Oct 11 ,1915.
(Month) (Day) (Year)	that I last saw hen alive on Oct 11 1915
7 AGE It LESS than	and that death occurred on the date stated above, at 4:30? m.
1 day,hrs	
yrs. / O mos. / ds.   OR min. ?	Post operating Shock
(a) Trade, protession, or	following operation to correct a morked
particular kind of work	" pastec partlying ? museles ? lows
(b) General nature of Industry, business, or establishment in	. Extrances (Quration) yrs. mos. 3 ds.
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country) Ballo Mol	(Secondary) (Ouration)yrsmosds
10 NAME OF Middlet on L ters	(Signed) WPSHuuter , M. D.
11 BIRTHPLACE	act 11 , 1915 (Address) Reman Hosp
State or country) oward bo	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
CL 12 MAIDEN NAME OF MOTHER / - On	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a hurre thenchic	1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  A avanch A a	At place 2 in the
	ot death yrs ds. State yrs ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(Informant). X NOVA / LANS of	Former or usual residence
(Address) 1839 Ab harles to	TO PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 G A	Loudon Porte - act 147,1915
Filed act // 191V (land Jump)	20 UNDERTAKER ADDRESS
REGISTRAR	Mo John 2. Wans_ 1420 S. Chose &
If more blanks are needed, address State Regis trar,	6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or indust j; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the pisease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage. as "Tuerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." genital," "Senile." etc.), "Dropsy," "Exhaustion," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Are ample: Meastes (disease causing death), 29 de.: affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for mally ture of the American Medicai Association.) "Contributory." scpsis, tetanus) Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ment neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory Aiways qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) 'Traemia," "Weakness," (name origin; "Can-Examples:



County Gallisnore 17262	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City (No	St.; Ward)  [It death eccurred in a hespital er institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS  3 SEX: 4 COLOR OR RACE   6 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)  17 HEREBY CERTIFY, That I attended deceased from 1915, to 1915, to 1915, to 1915.
7 AGE  3	and that death occurred on the date stated above, at IVP m. The CAUSE OF DEATH * was as follows:  Bronche - prusumonia  (Durellon) yrs mes 3 ds
OF FATHER OF MA  10 NAME OF FATHER OF ALL W. Klaus  11 BIRTHPLACE OF FATHER	(Signed) Walla S. M. D. M. D. C. 12 1815. (Address) January Wise Mans of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Calherine Civing  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF, MY KNOWLEDGE (Informant)  The W. Mano	O LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of desth yrs
FRED Oct 1915 - Albert me Kenzie Deputy Registrar II more blanks are peeded, address State Registrar.	PRINCE OF BURJAL OR REMOVAL  DATE OF BURJAL  OCH 14, 1915  20 UNDERTAKER  OOK  SOZENOTIK  ADDRESS  502 E North  A W. Saratoga St. Balto. Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report excincally the occupations of persons engaged in demestic service for wages, as Servant, Cook, Howsemaid, Ste. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.)! For persons who have no occupation whatever, write None

berl mc Ken

Statement of Lause of Death—Name, first, the DISEASE AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Propsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the eause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL perilonitis," etc. State eause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

BINDING FOR RESERVED MARGIN

B. No.

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PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT EXACTLY. stated properly classified. 4 be IS should INK-THIS AGE supplied. may be UNFADING carefully that It 20 WITH be DEATH in plain terms, See instructions on back should PLAINLY. Information WRITE 0 Every Item CAUSE OF Important.

#### certificate. o

\* FULL NAME PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 3 SEX 6 DATE OF BIRTH (Month) TAGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. which employed (or employer) ...

17263



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

St.;.....Ward)

[If death occurred in

a hospital or Institution,

give its NAME Instead of street and number. ?

]	MEDICAL CERTIFICATE OF DEATH
	(Month) (Day) (Year)
_	17   HEREBY CERTIFY, That I attended deceased from
	Cer 14, 1915, to Oct 16, 1915,
-	that I last saw h Malive on Och 16 ,1915
	and that death occurred on the date stated above, at 9.30/m.
	The CAUSE OF DEATH* was as follows: Chamif Drights Nicease of . No. Mibrejs
	(Durafion) 2/ yrs
	Contributory Con vulsums & Come
-	(Duration) yrs mos 2 ds.
-	(Signed), C, Gletchell, M. D.
	Och 17, 1915. (Address) Moulton Mai
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	At place In the of death yrs, mos, ds. State yrs, mos, ds.
	Where was disease contracted,
ı	If not at place of death?
	usual residence.
	HERFORD ME CEMETERY OCH 18", 19165,
1	20 UNDERTAKER ADDRESS
	Storge N. Howard Mouston Md.
aı	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

S SINGLE. MARRIED,

WIDOWED. ORDIVORCED (Write the word)

(Day) (Year)

If LESS than 1 day,....hrs.

(b) General nature of Industry, business, or establishment in

State or country)

PARENT

15

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAM OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14THE ABOVE IS

(Address)

(Informant)

If more blanks are needed, address State Registr

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carein-

childbirth or miscarriage, as "PUERPERAL septicharcause of death approved by Committee on Nomencla injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of . ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-Bronchopneumonia (secondary), 10 ds. nant ncopiasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can death), 29 ds .: State cause for Never report



	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	ny 03 altimore 1726 4	CERTIFICATE OF DEATH
Villag	ge or City/Vest part (No. Maryle 2 FULL NAME Melva Pre	Level ave. St.; Ward)  [It death occurred is a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S E	ale White 5 SINGLE, MARRIED, Judgment will white (Write the word)	16 OATE OF DEATH OCT /4 , 191 (Month) (Day) (Year
6 DA	TE OF BIRTH	HEREBY CERTIFY, That I attended deceased from 1915, to 0 14 1915
	Month (Day), 19/4 (Year)	that I last saw her alive on Oct 14 , 191.
7 AG	if LESS than 1 day. hrs.	and that death occurred on the date stated above, at //
	/ yrs. 8 mos. 7 ds. OR min.?	The CAUSE OF DEATH * was as follows:
A	Trade, profession, or	
Dai bus	rticular kind ot work  ) General nature of industry siness, or establishment in	(Bloscho preumonice) (Ouration)ho yrs.ho mos. 7
pai ( b bu: wh	rticular kind ot work  ) General nature of Industry	(Quation) ho yrs. ho mos. 7  Contributory Secondary
a Bi	rticular kind ot work  ) General nature of industry  siness, or establishment in ich employed (or employer)	Contributory
a Bi	10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 FATHER  13 BIRTHPLACE (State or country)  14 BIRTHPLACE (State or country)  15 BIRTHPLACE (State or country)  16 State or country)	(Signed)  (Signe
pai ( b bu: wh	11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	Contributory Secondary  (Signed)  (S
S EN	10 NAME OF FATHER  11 BIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME  OT GENERAL STATES  13 MAIDEN NAME  OT GENERAL STATES  OTHER  (State or country)  DEFINITION OF STATES  (State or country)  14 MAIDEN NAME  OTHER  (STATES OF STATES O	Contributory  Secondary  (Signed)  (Signed)  (Signed)  State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)  At place of death yrs. mes. ds, State, yrs. mes.
PARENTS who seed the seed of t	10 NAME OF FATHER State or country)  10 NAME OF FATHER State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER STATE OF	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Signed)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.  (B Length of Residents)  At place  In tha
PARENTS who seed the seed of t	10 NAME OF FATHER State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)  15 MAIDEN NAME OF MOTHER (State or country)  16 MOTHER MAIDEN NAME OF MOTHER (State or country)  17 MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary  (Signed)  (S
PARENTS who seed the seed of t	10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF FATHER (State or country)  15 MAIDEN NAME OF MOTHER (State or country)  16 MAIDEN NAME OF MOTHER (State or country)  17 MAIDEN NAME OF MOTHER (State or country)  18 BIRTHPLACE OF MOTHER (State or country)  19 MAIDEN NAME OF MOTHER (State or country)  10 NAME OF MOTHER (State or country)	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transie or Recent Residents) At place in tha of death yrs. mos. ds. State, yrs. mos.  Whate was disease contracted, if not at place of death?  Former or

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Screant, Cook, employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Laborer mill; (a) Salesman, (b) Crocery; (a) Foremon, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile foctory. The material worked on may form part especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line applies to each and every person, irrespective know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -('out mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, various pursuits can be known. The question Women at home, who are engaged in Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated heod-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning; suicidal, or homicidal, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "Puenpenal septichaemia," etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Never report mere genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coina," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronie valendar heart diseuse; Chronic interstitial "Timor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonocum, etc., Carcinoma, Sarcoma, etc., of . . by Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull railway troin-accident; Revolver The contributory (secondary or intercur-State cause for which "Exhaustion," ACCIDENTAL, to minon unportant.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV. 3 1915 -BUREAU, V.S.

1 PLACE OF DEATH HYSICIANS statement of STATE OF MARYLAND 17265 CERTIFICATE OF DEATH County Beltimore Registration Dist. No41 Bay View Asylum. fit death accorred in Village or City. a hespital er institution. give its RAME instead EXACTLY Charles Krimmelbein of street and number. RECORD <sup>2</sup> FULL NAME. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE, Single 4 COLOR OR RACE 16 DATE OF DEATH October 26th 1915 WIDOWED White OR DIVORCED Mal e periy certificate. I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191 5, to Octo 26th 1.888 that I last saw h im alive on October 26th 1915 90 (Day) (Month) of 7 AGE tf LESS than may and that death occurred on the date stated above at 8. 25A GE 1 day, hrs. OR min. ? that BOCCUPATION 20 supplied (a) Trade, profession, or ons particular kind of work. 20 (b) General natore of ledustry instructi business, or establishment in term which employed (or employer) 9 BIRTHPLACE Contributory (State or country) plain Secondary Maryland 60 10 NAME OF pe FATHER 2 Unknown should important 11 BIRTHPLACE (Address) TY ATI RENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) # CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 0 12 MAIDEN NAME OF MOTHER mati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) ш 13 BIRTHPLACE S infor OF MOTHER (State or country) of douth 19vrs. 5 mes. 5 de. 5 Where wee discase contracted. should state CA of if not at place of death? (Informant) 1300 James St. ueuni residence DATE OF BURIAL (Address) 20 UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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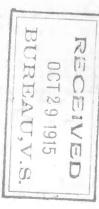
ARGIN

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) (roccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never' report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere nephrilis, etc. The contributory (secondary or intercur-(name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUENPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracnia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. to determine definitely. Examples: Accidental drowning; Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Atrophy," "Col-"Exhaustion," ("Con-



40 pinoda OCCUPATION EXACTLY. classified. -THIS properly AGE UNFADING may ō WITH terms, on back plain EATH of DE Item Every Item CAUSE OF Important.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No If death occurred in Ward) a hospital or institution, give its NAME Instead of street and number.] 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOROR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Day (Month) HEREBY GERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... 7 nanition BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Secondary (State or country 10 NAME OF PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) \_\_\_ yrs. \_\_\_\_ ds. State \_\_\_\_\_ yrs,\_\_ Where was disease contracted, 14 THE ABOVE IS If not at place of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Callerinki

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomcnclaby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



¹ PLACE OF DEATH	STATE OF MARYLAND
County Baltimore 17267	CERTIFICATE OF DEATH
County	111
Highboutton dos 8	Registration Dist. No.
Village or City Tymulature (No. 40)	Journal Ward) [If death occurred in a hospital or institution,
Charles Is	give its NAME Instead of street and number.]
<sup>2</sup> FULL NAME	nem aux
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Ceckoby 29 1915
Male White Willowed or DIVOREED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
July 13 1872	, 191, te, 191,
(Monsh) (Day) (Year)	that I last saw h alive on
1 day, hrs.	and that death occurred on the date stated above, atm,
43 yrs. 3 mes. 6 ds. OR min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, prefession, er	Julieonary ( Vomorillog).
particular kind of work Ox COOYYY.	
(h) General nature et Industry business, er establishment in	(Burstlon) o yrs. mon do
which emplayed (or emplayer)	Contributory / wheeceeling.
9 BIRTHPLACE (State or country) Germany	Contributory Muchania.
10 NAME OF TO	(Duration) yro mos do.
FATHER Herry an Newhlow and	(Bigned) , M. O.
In BIRTHPLACE OF FATHER C(State or country)  Server any	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Casina Storch	CAUSES, state (1) Means OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
a OF MOTHER lisma Storch	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA,
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) Al place In the
(State or country)	el dezthyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at piece of death?
(Informant) Mus. huna Varper	nomer ar
(Address) 600 8, Streeper St.	19 PLADE OF BURIAL OR REMOVAL DATE OF BURIAK
16 0 17 (106) 910(1)	Jonny Cens. Mar. 11. 5
Flee IN 1915 Will Manally	20 UNDERTAKES 45 / ADDRESS
REGISTRAR //	Silly 40 Triber 403 8. nofest
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits ean be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," ctc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children, not gainfully employed, as At/school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the pisease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write Nonel

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), justing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . (name origin: "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H cmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," ctc., when a definite disease can be ascertained as the eause. Always qualify all diseases resulting from childbirth or misearriage as "l'UERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, Or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenelature of the American Medical Association.)

1 PLACE OF DEATH

County Ballemine 17268	CERTIFICATE OF DEATH
	Registration Dist. No. 38
Village or City Gudorrood Landono	a hospital or Institution,
2FULL NAMELVILLIAM 18. A	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, White (Married, Wisowes, ORDIVORCED (Myrite the word)	(Month) (Day (Year)
6 DATE OF BIRTH	Jeff 7 8 1915 to GSX 8 1915
(Month) (Day (Year)	that I last saw home alive on Con 8 , 1915
7 AGE  11 LESS than 1 day,hrs.	The tract double of the date stated above, at
yrs mos ds. OR min.?	THE CAUSE OF DEATH * Was as follows:
e occupation (a) Trade, profession, or particular kind of work.	Tulmanory and forynged
particular kind of work	Judy Bullosis
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) B - 1+ 41	Secondary (Duration) was man to
10 NAME OF FATHER William , Jange	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) / 9 alta hud	, 191 (Address) Carolonood
TO 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Balto ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs mos ds ds ds.
17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLESS.	Where was disease contracted, Washington DC,
(Informant) B. Wershfeld	Former or usual residence Washington D. C. for fast 10 yrs.
(Address) 28/2 Vark View berrace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Wat 191 V Clased Owner	20 UNDERTAKER Stewer 13752 Con ale
If more blanks are needed, address State Regi	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

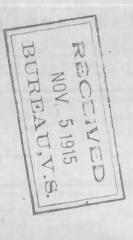
[Approved by U. S. Census and American Public Health Association.]

eated thus: should be taken to report specifically the oecupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehlldren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g.; Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemuid, etc. If the occupation has of persons eugaged in domestic service for wages, as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are eugaged in the Farmer (retired 6 yrs.) For persons As examples:

Ajes.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for mus," "Old Age," "Shoek," "Uraemia," "Weakness," themia," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuauition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal eouditions, such as "Asaffection used not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report For vio-



# MARGIN RESERVED FOR BINDING

RECORD PERMANENT classified. THIS properly AGI pe UNFADING Iddns may 80 AINLY, plain 2 of Inform DEATH OF

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Instructions

Every Item CAUSE OF Important.

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YSICIANS should OCCUPATION IS

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in .....Ward) a hospital or Institution. give its NAME instead of street and number. 1 2FULL NAME..... MEDICAL GERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED, ON ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from BIRTH (Month) Dav (Year) TAGE It LESS than and that death occurred on the date stated above, at. 1 day,....hrs. OR ..... 7 .mos..... 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Secondary (Boration) 10 NAME OF FATHER 11 BIRTHPUTCE OF FATHER ARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. (State or country) State ..... yrs. Where was disease contracted. 14 THE ABOVE It not at place of death? .... Former or usual residence. DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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cause. Always qualify all diseases resulting from vatvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by earbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-



PERMANENT RECORD

4 IS

PLAINLY, WITH UNFADING INK-THIS

No. 02 WRITE

1 PLACE OF DEATH  County Baltimon 17270	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4/
Village or City Highlandtown (No. 3709) 2FULL NAME Ruth Lorra	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Whit Single, Single MARRIED, Single Widowerd OR DIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	OC 4 1915, to OC 12 1915 that I last saw h 11 alive on OC 12 1915
7 AGE  If LESS than 1 day,hrs. ORmin.?  9 OCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at 10 G, m, The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Batturon  Co.	Contributory Cholus Jufantum Secondary
10 NAME OF FATHER Albert Law 9 field.  11 BIRTHPLACE OF FATHER (State or country)  12 Maile NAME OF OF MOTHER OF MOTHER OF MOTHER	(Signed) A. R. D. C.
of Mother Eva Cauly  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs, mos, ds  Where was disease contracted, If not at place of death?
(Informant) albert. Taugfield.  (Address) 3/09 Gongle St.	Former or  USUAI residence
File Cel. 15, 1915 Con Registros	Lilly En Zeiler. 403 & rofe
II more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minic, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive applies to each and every person, Irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foremau," engineer.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee ou Nomenclamia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septichae cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Coutheuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canture of the Americau Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras genItal," "Seuile," etc.), "Dropsy," ample: Measles (disease eausing death), 29 ds.; affection ueed not be stated unless important. which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for "Exhaustion," For VIO-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING K S FOR -THIS ESERVED NX WITH UNFADING C MARGIN PLAINLY,

V. S. No. 1.

ż

1 PLACE OF DEATH	STATE OF MARYLAND
Ballo. 17271	CERTIFICATE OF DEATH
County	1 V
Pari Hal'	Registration Dist. No. 38
Village or Cityella Coff Clarko	St.; (A. Ward) [It death occurred in
	a hospital or institution,
2 FULL NAME / remature /2	out awline of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	(Month) (Day) (Year)
Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191 , 191 , 191 , 191 , 191 , 191 ,
ues, 3,19/3	that I last saw h alive on
(Month) (Day) (Year)  7 AGE   If LESS than	
1 day,hrs.	and that death occurred on the date stated above, atm.
yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
a) Trade, profession, or	Λ Λ
particular kind of work	Renatine little - 3 min.
(b) General nature of Industry business, or establishment in	
which employed (or employer)	Quistion) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary
- Thursday Luncol	Gurglion) yrs. mos. ds.
10 NAME OF FATHER	(Signed) M. Casara, M. O.
11 BIRTHELACE DE	Oct 4 1815 (Address) Eller of as My
Z OF FATHER (State or country) Mary (Aya)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHEYACE OF FATHER (State or country) Plusy Land 12 MAIDEN NAME OF MOTHER MANAGEMENT OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER MANAGEMENT  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER Margaret of Housey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place to the
(State or country)	of deethyrsmosds. State,yrsmoeds. Where was dieease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Interment) Margaret a. Musous	Former or usuel residence
10011 119	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Home Yard Oct 4 1010
15 Oct 4 1- Thousand Block	20 NINDERTAKER ADDITESS
Filed 7, 1915 May all Market	S. Joellan get Tou Collicatt Con.
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health , Association.]

or given up on account of the nisease causing death, precise specification as Day laborer, Farm laborer, Laborer write None ... business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At'school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal min, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably and consequences (e. g., sepsis, telanus) may be stated to determine definitely. Examples: Accidental drowning: SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenpenal schichacmia," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "PUERPERAL perilonilis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," hapse," "Coma," "Annemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mex Example: Measles (disease causing death), 29 ds.; Brown rent) affection need not be stated unless nephrilis, etc. The contributory (secondary or intercurcough; Chronic withular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles: Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of. Always qualify all diseases resulting from childrailway train-accident; Revolver wound ly symptomatic), "Atrophy," "Convulsions," "Debility" State cause for which "Exhaustion," ACCIDENTAL, important.



PLACE OF DEATH

100	0.1	Bay View Asylum.		BITY H	OSPITAL.		Dist. No. 41
VIII		ULL NAME Jam				Ward)	[If death occurred a hespitat or institution give its HAME instant of street and number
	PERS	ONAL AND STATIS	TICAL PARTICU	LARS	M	EDICAL CERTIFICATE	OF DEATH
3 se	ale	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED Wi OR DIVORCED (Write the word)	.dowed	16 DATE OF OE.	October (Month	13th , 19
6 D/	ATE OF BIR	•••		. 1848	October	EBY CERTIFY, That I s	tober 13thm
7 AG		67 yrs		(Year)  If LESS than 1 day, brs.  OR min.?	The CAUSE O	v h im alive on Oct noccurred on the date of F DEATH * was as follow touche - press	stated above, at 11.
y pa	rticular kind (  ) General nate	ore of Industry		***************************************	000000000000000000000000000000000000000	***************************************	***************************************
(b)	o) General nafi siness, or est lich empleyed INTHPLACE (State or cou	ore of industry ablishment in (or employer) Intry)	ıd		Contributor Secondary	(Buration)  y Chronie Luterate  (Ouration)	
pa (b) bu wh	O General name siness, or establishes or established employed of the state or could be state or could	ore of industry ablishment in (or employer) Intry)  John Le			(Signed)	(Ouration)	Welliam .
ARENTS HE G	10 General nafe Siness, or est sinct employed State or could 10 NAME FATHE 11 BIRTHF OF FATE (State	ore of industry ablishment in (er employer)  Irelar  of  John Le  CLACE HER or country)  N NAME OTHER	eonard and		(Signed) Oct. 13  *State the CAUSES, state SUICIDAL OF H	(Ouration)  C. C. J.  1915 (Address)  Dishase Causing Drath, of (1) Means of Injury; and omicidal.	Weffrite  Weffrite  Mos Mos  Holke.  HOSPITAL  Trin deaths from VIOLENT  (2) whether ACCIDENTAL,
PARENTS WHE SENTS	10 General names inch employed (State or could be state or could b	ore of industry ablishment in (or employer)  intry)  Irelar  of  John Le  PLACE HER  OR COUNTRY)  N NAME OTHER  Sarah	eonard and Callow	OGE	(Signed) Oct. 13  State the CAUSES, state SUICIDAL OF RECENT REAL AT Pleas of death	(Ouration)  C-C-J  (Ouration)  C-C-J  (Address)  DISPLASE CAUSING DEATH, of (1) MEANS OF INJURY; and OMICIDAL.  ESIDENCE (FOR HOSPITALS BIDENTS)  In the State of the contracted,	Wegfrite  Wegfrite  Mos.  Mos.  HOSPITAL  Trin deaths from VIOLENT (2) whether ACCIDENTAL,  INSTITUTIONS, TRANSIE  8,



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At sehool or At home. Care should be who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part As examples: (a) Spinner, (b) Cotton Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICINAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Coneough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless nephritis, etc. or miscarriage as The contributory (secondary or intercur-"Puerperal septichaemia," "Dropsy," Never report mere "Exhaustion," important.



N O U V

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many eases/ especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchomeumonia (secondary), 10 ds. Never report merc symptoms or terminal conditions, such as "Asthenia," Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, Or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

vi

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state - DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPATION is very See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important. N. B.

/ PLACE OF DEATH	STATE OF MARYLAND
6 300th Ca 17274 1 Y	CERTIFICATE OF DEATH
Gounty Live Co.	Registration Dist. No. 32
10' +	
Village or City Tungton (No	[It death occurred in a hospital or institution,
K. K.	give its NAME instead of street and number.]
2FULL NAME / Mangares /	sace and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH 608, 22 1915
oficiale White willower yy	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
/ 19X3	that I last saw her allve on Dela 22 1915
(Month) (Day (Year)	and that death occurred on the date stated above, at // * m.
7 10 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrsds.   ORmin.?	
(a) Trade, protession, or particular kind of work.	Untestinal Intofication
(b) General nature of Industry,	
business, or establishment in which amployed (or employar)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Balto CO.	GontributorySecondary
10 NAME OF	(Operation) yrs mos ds.
FATHER YED. W. Little	(Signed) R. C. Metzel, M. D.
of Father (State of country)	Oct, 22,191 5 (Addrass) 19030 W. norths
1111	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER CANAL May Clements	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place  In the
OF MOTHER (State or country)	ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) GO, W. Lille	Former or usual residence
(Address) Coursel Hoad splingle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 0 1 - 0 m 6 D	affayette Grorgia Oct 23, 1914
Filed Oct 22,191 TW 9 Gally	20 UNDERTAYER ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

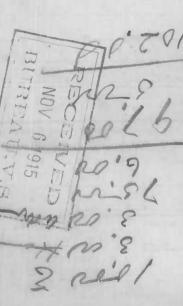
[Approved by U. S. Census and American Public Health

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-



valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Canaffection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae cte,, when a definite discase can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Courulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. eause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequeuees (e. g., by carbolic acid-probably snicidc. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby which surgical operation was undertaken. geuital," ture of the Americau Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (seeondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measics (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," Never report For vio-



1 PLACE OF DEAT

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, ness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return Locomotive engineer, If retired from without more "Laborer," (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, menin-Lobar spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is time and causation), CAUSING DEATH (the primary affection with respect to Typhoid fever (never report "Typhoid Statement of Cause of Death-Name, first, the DISEASE for the same disease. pneumonia, Bronchopneumonia using always the same accepted Examples: "Epidemic cerebro-("Pneumonia pneumonia" Cerebrospinal

> SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably Struck by railway "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childto determine definitely. or miscarriage as "Puenperal septichaemio," "Old Age," "Shock," "Uraemia," "Weakness, The contributory (secondary or intercurtrain-accident; Revolver wound Examples: Accidental drowning; State cause for which Never report mere inportant.



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 Ilf death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs, .. Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

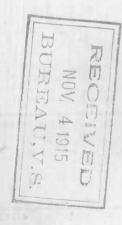
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	PHYSICIANS shoul
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	of OCCUPATION
Important. See instructions on back of certificate.	

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fred flx (No. .Ward) a hospital or institution. give its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 7 AGE If LESS than and that death occurred on the date stated above, at t day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 CCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE Contributory ..... (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, it deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_\_ mos, ..... Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?. Former or usual residence. 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 17, ranklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekcepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report ample: Mcasles affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," etc. State "Exhaustion," eause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... Tif death occurred in a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 18 DATE OF DEATH MARRIED, WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191..... to (Month) (Dav TAGE It LESS than and that death occurred on the date stated above, at 1.15 0. m t day, hrs. OR ..... 7 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory..... State or country) Secondary (Signed) PARENTS OF FATHER (State or country) \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST If not at place of death? usual residence DATE OF BURIAL 15

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Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuccesis of lungs, meninges, peritonaeum, etc., Carein-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Coumerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valnular heart disease; Chronic interstitial nephritis, cer" is less defiuitc; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," The contributory (secondary or intercurrent) tetunus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-

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NOV2 1915

	PLACE OF DEATH	STATE OF MARYLAND
Coun	ty Sallemen.	CERTIFICATE OF DEATH
Villag	go or City Caulan (No. 3205)	Registration Dist. No.  [If death occurred in a hespital or institution, give its MANE instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF STATE
3 SE		MEDICAL CERTIFICATE OF DEATH
9h	cale. Calify Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH OCT. 2 1911	, 191, to, 191
7 AG	E Still Correction of the corr	and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:
Opar	CUPATION Trade, profession, or ficular kind of work	Vill form
whi 9 B1	General nature of industry iness, or establishment in ch employed (or employer)	Contributory Secondary
ENTS	10 NAME OF FATHER Leter Dubruske,  11 BIRTHPLACE OF FATHER (State or country) Balte. Med.	*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PAR	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs
	Informant) My, Casa Culinsler.	Where was disease contracted, If not at place of death?
15 File	Atthress) 3205 (10 mull It	19 PLACE OF BURIAL OR REMOVAL  PLACE OF BURIAL  PLACE OF
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1. Freuerod Ula

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor. Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooving cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure." "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia." "PUERPERAL peritonitis." etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICINAL, OF HOMICIDAL, Or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

STATE OF MARYLAND 1 PLACE OF DEATH PHYSICIANS t statement of CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number. RECORD <sup>2</sup> FULL NAME classified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. stated WIDOWED (Month) (Day) (Year) OR DIVORCED ay be properly of certificate. CERTIFY. That Lattended deceased from pe 6 DATE OF BIRTH should (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above may w 1 day, hrs. The CAUSE OF DEATH \* was as follows: min. ? OR ب 8 OCCUPATION that uo supplied (a) Trade, profession, or particular kind of work instructions 20 (b) General nature of industry terms, business, or establishment in carefully which employed (or employer Contributor 9 BIRTHPLACE State or country) plain See 10 NAME OF pe FATHER (Signed) ARGIN should EATH 11 BIRTHPLACE RENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. OF FATHER (State or country) of information e CAUSE OF D 12 MAIDEN NAME OF MOTHER PA 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS very 13 BIRTHPLACE in the At place OF MOTHER Where was disease contracted. Should state CA 14 THE ABOVE If not at place of daath? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address' 15 20 UNDERTAKER ADDRESS 0 ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



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state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grosery; (a) Forcman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, etc. If the occupation has been changed Women at home, who are engaged in Never return "Laborer, Dealer," etc., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as 'ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "Puenperal septichacmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness "Heart failure," "Hemorrhage," "hanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; cough; Chronic valvutar heart discuse; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . rent) affection need not be stated unless important. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuretc.), "Dropsy," "Exhaustion," .("Con-



V. S. No. 1.

d state	County Baltimors 17281	CERTIFICATE OF DEATH
SICIANS Shoul	Village or Gity Highlandtown No. 302, 1	Registration Dist. No.  Pighland sur Ward)  [If death occurred is a hospital or institution, give ifs NAME instead of streef and nomber.]
PHY	²FULL NAME STEWNW	W. HUWK
× =	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACT.	Male Shite Single, Midower will will be word	16 DATE OF DEATH  (Month)  (Day (Year)  17 I hereby Certify. That I attended decessed from
e stated ed. Exac	Mark of Birth Mark 29, 1861  (Month) (Day (Year)	that I last saw him alive on OCT 20 1915
should by classifi	7 AGE  Styrs 6 mos 22 ds. OR min.?	and that death occurred on the date stated above, at 6
supplied. AGE may be properle.	(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Couration) Tres (mos. ds.
arefully su that it m certificate.	9 BIRTHPLACE (State or country) Sermany	Contributory Milmonary Subsculoses Secondary  (Borafion) yrs 4 mos ds.
should be c in terms, so s on back of	10 NAME OF FATHER NOWN  11 BIRTHPLACE OF FATHER (State or country) Nown  12 MAIDEN NAME OF TOWN  12 MAIDEN NAME OF TOWN	(Signed)
nformation ITH in pla	13 BIRTHPLACE OF MOTHER (State or country) Hot known	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  Af place in the of death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted.
y Item of its	(Informant) M. August Hack  (Address) 3021 Highland Tor	If not at place of death?  Former or  usual residence
CAU	FII60 Oct 23, 1915 Clee Mil Clee	SERMAN POTES ADDRESS STATE NICOLOUS \$ 146 Castern
-	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senfle," etc.), mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"



		state s very	
	SORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	3 6 7
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7	NENT	ACTLY.	3
Buldrid Rot Dayrasan vibram	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	ed EX	6
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o. 1.		Every item of information should be carefully supplied CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.	1
V. S. No. 1.		N. B.—	1
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	PLACE OF DEATH	STATE OF MARYLAND
Car	nty Baltinine 17282	CERTIFICATE OF DEATH
Cot		Registration Dist. No. 55
Vill	age or City Int Hope (No	St.; Ward)  [It death occurred in a hospital or inslitution, give its NAME inslead
	FULL NAME John Mague	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male White Single, Words, Wille the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	1913 1915 to Oct 2 2 1915
	(Month) (Day (Year)	that Viast saw h Asm. alive on act 2 nd 1915
7 A G		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(b) busi whice	Trade, profession, or ficular kind of work  General nature of indostry, ness, or establishment in the employed (or employer)  RTHPLACE (State or country)	Contributory Chronic Maria Secondary  (Duration)  Aler house  Aler house  (Duration)
	10 NAME OF FATHER Turbuown	(Signed) (Signed) , M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
PARENT	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death 33 yrs. mee. In the 33 yrs. mos. ds
	Interment) Council The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dealh?
	(Address)	LACE OF BURILL OR REMOVAL DATE OF BURILL
16 File	alef. 2,191 J- mm G. Duren REGISTRAR	20 UNDERTAKER ADDRESS MAHLE
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect. Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (uame origin; "Canmia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated under the head Mcasles (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) Never report



of

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in ...... Ward)

a hospital or institution. give its NAME instead of street and number. 1

#### MEDICAL CERMFICATE OF DEATH (Month) (Day) CERTIFY, That I attended deceased from

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alvis	sele	usi	(Durstion)	) yrs. p	mos.	
Contributo Secondary		incur		into	Mal	e
igned)	llia	us f	(Buratign).	M	mos	. M.
Och r.	, 191	(Address)	MI	Varlas	ughn	
*State th	e DISEASE	CAUSING NS OF IN	DEATH, or,	in deaths fi	OD VIOLEN	TT L

In the State, ......yrs. .....mos. ..... ds.



[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton wife, Housework, or At Home, and children, not gainfully mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil The material worked on may form part Never return "Laborer," But in many eases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerpenal peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulnular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-"Senile," etc.), "Dropsy," The contributory (secondary or intercurcarbolic acid-probably Never report mere (Recommendations "Exhaustion, wound of



BINDING ESERVED ARGIN

PHYSICIANS should state of OCCUPATION IS very RECORD statement PERMANENT EXACTLY. Exact classified. be pincha properly AGE INK supplied. be may certificate. that 80 0 back terms, 0 plain instructions Information = EATH ā OF important. ы Every B

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, 191. WICOWED (Month) (Day) (Year) (Write the word) HPREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Day) (Month) TAGE If LESS than and that death occurred on the date stated above, at... 1 day, .....hrs. The CAUSE OF DEATH \* was se follows OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work.... (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER (Signed) (Address).& 11 BIRTHPLACE ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ..... yrs. .... mos. State Where was disease contracted. If not at piace of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address' 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

B. Stalence.

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUTEPTERAL septichacmus," "Old Age," "Shock," "Uraemia," "Weakness." genital," "Senile," etc.), "Tropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 ds.: "Exhanstion," Never report Examples: For vio-



Village or City (No. 2 FULL NAME Frank Track	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS  3 SEX	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH O. J. (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
(Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  1 (LESS than 1 day, hrs. OR min.?	that I last saw him alive on ICC 25 1915 and that death occurred on the date stated above, at 2:30 m. The CAUSE OF DEATH * was as follows:
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF FATHER	Contributory Secondary  (Signed) & & Corls  (Signed) & & M. (1, 2, 3)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Trancesca Malle  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15	*State the DINEASE CAURING DEADS, or, in deaths from VIOLENT CAURES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE) At place af death yra, mea. S. ds. State, 24 yrs. mos. d Whera was disease contracted, if nat at place af death?  Former or usual residence 28/8 Acricum Caul.
(Address)  15 Filed / 0 / 25 . 1915 Miniam Ball REGISTRAR  If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE O



[Approved by U. S. Census and American Public Health
Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the write None. business or industry, know (a) the kind of work and also (b) the nature of the -Coal minc, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, and therefore an additional line Never return Locomotive engineer, If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"; Lobar pncumonia, Bronchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Uracmia," "Weakness," ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tdanus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "lnanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; or miscarriage The nature of the injury, as fracture of skull, railway train-accident; The contributory (secondary or intercuras "Puerperal scptichaemia," "Dropsy," State cause Never report mere Revolver "Exhaustion," for which wound



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#### Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	
ounty Coallo	17286

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 41

Six Man st.	121150 10	C/x
Village or City High Coudton	(No. / ) 4	
	7	

VIII	age or City Highbouldwore (No. 104)	so 1021 st.; Wa	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
351	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Oct, (Month)	2 3 ,191/J (Day (Year)
	(Month) (Day (Year)	that I last saw h alive on	at I attended deceased from
7 A C	If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date sta The CAUSE OF DEATH* was as follow	
(a) par (b) bus	CCUPATION (Trade, profession, or riticular kind of work	Clead w	yrs
9 BI	10 NAME OF FATHER FINEderick Markel  11 BIRTHPLACE OF FATHER  12 DECEMBER OF THE STREET OF FATHER  13 BIRTHPLACE OF FATHER OF FATHER  14 DECEMBER OF THE OF	Contributory Done (Duration) Secondary  (Signed)  (Address)  (Address)  (Address)	yrs mos us.
PARENT	12 MAIDEN NAME OF MOTHER MARIE E. Roynolds  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)		ALS, INSTITUTIONS, TRANSIENTS,
	(Informant) I will be to the Best of My knowledge (Informant) I will be to the light of the ligh	Where was disease contracted, If not at place of death?  Former or usual residence	DATE OF BURIAL
FII	ed Dex 29,191 N. E. Marchan REGISTRAR	20 UNDERTAKER	ADDRESS ADDRESS

ViApproved by U. S. Census and American Public Health Association.]

a cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many First line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-These of various pursuits can be known. The question For many occupations a single word or term on the should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or ludustry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a defiuite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (0)

causing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Carcin-

> cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report For vio-

thins answered in detail, it will prevent further correspond-one. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

1915



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of Information should be

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very certificate. See Instructions on back of CAUSE OF Important. S

1 PLACE OF DEATH County Balliums

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

0.14	Registration Dist. No. 31
Village or City alberton (No,	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, Manney  Penale Mile ORDIVORCED ORDIVORCED (Write the word)	10 DATE OF DEATH 10 26 , 191 (Month) (Day (Year)
(Montb) (Day (Year)	that I last saw her alive on Col 25 , 191
7 AGE  11 LESS than t day,hrs. OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at 1. So Am. The CAUSE OF DEATH* was as follows:  Chronic Valvular Reark  disease
business, or establishment to which employed (or employer)  9 BIRTHPLACE (State or country) Marrew Co. / a	Contributory Secondary (Duration) yrs mos ds.
FATHER State Hamon  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  7	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidals, or Homocidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds  Where was disease contracted, if not at place of death?
(Address) alberton mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Covangelical lemetry Octo 28 1915

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e.g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory Measles (disease eausing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.;



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RECORD	PHYSICIANS should
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
WITH UNFADING IN	ould be carefully supplied.  lerms, so that it may be p  n back of certificate.
WRITE PLAINLY,	Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in ...Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Buration) which employed (or employer) ..... Contributory. BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191 J .... (Address) PARENT OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country \_ mos. / 5 ds. State ..... yrs. \_\_ Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death? usual residence (Address F ...

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal ness of various pursuits can be known. The question catcd thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are cngaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, telanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustlou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmerc symptoms or terminal conditions, such as "As-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For VIO-



[Approved by U. S. Census and American Public Health Association.]

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cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... genital," "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Mcasles; Whooping and consequences (c. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee " "Old Age," "Shock," "Uracmia," "Weakness," or miscarriage as "Puerperal septiehaemia," The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which Never report mere wound



#### OCCUPATION PHYSICIANS RECORD PERMANENT properly supplied. pe may certificate. carefully o plain instructions 5 of inform DEATH OF Important. Every Ite

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#### STATE OF MARYLAND

PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in St.;....Ward) a hospital or institution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav (Year) OFDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day ..... hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) .... BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_\_ mos. \_ Where was disease contracted. if not at place of death? usual residence 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

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#### SICIANS should occupation is RECORD statement PERMANENT classified. properly supplied. þę may certificat that 80 ŏ back terms, plain instructions 2 DEATH ō OF mportant. Every It

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No It death occurred in a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX WIDOW (Month) (Day word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) ot death State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_\_ ds \_\_\_\_\_ yrs. ..... mos. ..... Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Deblity" ("Conmere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations ou statement of "Dropsy," "Exhaustion," State cause for Never report For vio-



PLAINLY, WITH UNFADING INK-THIS IS

PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS bould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE

1 PLACE OF DEATH	STATE OF MARYLAND
Motiver 17292	CERTIFICATE OF DEATH
County / Memore	(1)
111. 111-	Registration Dist. No. 22
Village or City WWKNOW (No	St.; Ward) [If death occurred in a hospital or institution,
* FULL NAME Mary Mar Chi	MENTIMAN of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
remale white (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	1915, to OCh 78, 1915.
(Month) (Day) (Year)	that I last saw h. E. alive on Och V 8 ,191.4
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 10.40 m.
62 5 N/3 1 day, hrs.	The CAUSE OF DEATH* was as follows;
yrs mos. / ds.   ORmin.?	Caucer of the Column
(a) Trade, profession, or at kowe	
particular kind of work	
business, or establishment in	(Duration) 9 yrs mos ds.
which employed (or employer)	
(State or country) Pacts Co Miles	(Secondary)  (Daration) yrs mos ds
10 NAME OF Joshua Tintou	(Signed) a. R. Mitchell, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	CON 79,191 (Address) Mouselow Mide
(State or country) Palto & Male	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCEPTA
of MOTHER Charletts & Matter	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) Tacto to Man	of death yrs mos ds, State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Elizabeth a Gronell	Former or usual residence
(Address) 36/6 Koland ave Davio	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blauks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary Areman, etc. But ln many Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never repor er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of \_ "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from "Senfle," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples:



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RECORD

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Balles Registration Dist. No. If death occurred in a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED. (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR ..... min. ? gersluletices My OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 1 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_ Where was disease contracted. If not at place of death?-Former or usual residence 19 PLACE OF BURIAL OR

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE DESIGN DEATH, state occupation at beginning of illness. If retired from business, that fact may be indishould be taken to report specifically the occupations applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichae genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of State cause for For vio-



N.B.

iated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated of information should be carefully supplied. ACE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS Item E OF Every Item CAUSE OF Important.

#### 1 PLACE OF DEATH

17294



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 56

-	321		
21	 W	arc	1.1

[if death occurred in a hospital or institution, give its NAME instead

2 FULL NAME Elizabeth ane	Inteller of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RAGE  MARRIED, WIDOWED, ORDIVERCED (Write the word) Widow	(Month) (Day (Year)
6 DATE OF BIRTH  Security 26, 1825  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  1915, to LEF , 1915, that I last saw h Caller on CECT E , 1915.
8 9 yrs 10 mos 23 ds OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of industry,	January Company
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Abraham Sampon	(Signed) (Duration) yrs mos de.
11 BIRTHPLACE OF FATHER (State or country)  12 Maintenance OF MOTHER  12 MOTHER  14 MOTHER  17 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of deathyrs,mosds.  Where was disease contracted.
(informant) AND PRINCE TO THE BEST OF MY KNOWLEDGE	If not at piace of death?————————————————————————————————————
(Address) ARMAN AND 18 18 18 18 18 18 18 18 18 18 18 18 18	DATE OF BURIAL OR REMOVAL DATE OF BURIAL  OLL 20, 1913  OUNDERTAKER  OLL 20, 1913  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, -Precise statement of occupa-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerpenal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



No.

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RECORD PERMANENT EXACTLY. properly classified. AGE UNFADING INK supplied. carefully WRITE PLAINLY, WITH pg DEATH in plain terms, See instructions on back item of information should CAUSE OF Important, ø

PARENTS

16

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

THIS

PHYSICIANS should state of OCCUPATION Is very

1 PLACE OF DEATH

17295

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 12

It death occurred in

FULL NAME Mr (acob Miller	a hospital or lostitution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Oct. 27, 1915 (Month) (Day (Year)
6 DATE OF BIRTH  Sefet 10, 1856  (Month) (Day (Year)	that I last saw have allow on Och 27, 1915
7 AGE   It LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
SOCCUPATION (e) Trade, profession, or Saloon keeper	matestani to gand Defuent.
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) _\yrs
9 BIRTHPLACE (State or country) Maryland	Contributory Quantion. he we bring able Secondary The swallow. (Duration) - yrs - mos 20 ds.
10 NAME OF Sterry Miller	(Signed) Multin a Ostendorl M. D.
OF FATHER (State or country)  State or country)	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT

, 1912. (Address) It alones from \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

OR RECENT RESIDENCE	(FOR HOSPITALS, IN	TITUTIONS, TRANSIENTS
At place of death yrs2_ mos	In the	Yrs mos ds

Where was disease contracted, if not at place of death?....

500

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
m-Carnel.	Oct 31 1915

20 UNDERTAKER ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis. eer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. etc., when a defiuite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Coliapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustiou," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaccause. Aiways qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Mcasics (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD PLAINLY, WITH UNFADING INK-THIS WRITE

VIIIage or City Jacksonville (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 39  St.; Ward)  [It death occurred in a hospital for institution, shows the Market Inches, shows the Market I
FULL NAME John Christian /	Willis give its NAME lastead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married Widower, Married Will Write the word)	18 DATE OF DEATH  October 92, 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
detales 24-, 1860 (Month) (Day (Year)	that I last saw h is allve on Set & the 1915
TAGE    If LESS than   1 day,hrs.   ORmin.?	and that death occurred on the date stated above, at 12.45 G.m. The CAUSE OF DEATH* was as follows:  Clearly delatations of the Recart
(b) General nature of industry, business, or establishment in which employed (or employer)  Parthelace (State or country)  10 NAME OF FATHER Christian fully  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15  3 & Christian fully  (Address)	(Duration) yrs mos of secondary  (Doration) yrs mos of secondary  (Doration) yrs mos of secondary  (Signed) W. R. Lielle , M. D.  (Signed) State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  16 Length of Residence (for Mospitala, Institutions, Transienta, or Recent Residents)  Al place in the of death yrs, mos, ds. State yrs, mos, es  Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Cause of Burial or Removal
Filed ORA 9 , 1915 Par BABAM REGISTRAR	Slade Bro. Long Green Mid

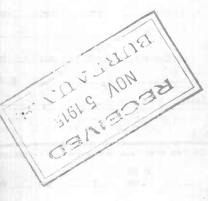
If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (macely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," - "Exhaustion," .(Recommendations on statement of (secondary or intercurrent)



#### PHYSICIANS should of OCCUPATION IS RECORD PERMANENT UNFADING ā = DEAT

Instructions Important. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in ...Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) Write the word (Month) (Dav (Year) 7 AGE If LESS than 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory. BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OF

[Approved by U. S. Census and American Public Health Association.]

mine, etc. "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithfui-(a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-hrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaitfied, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Néver report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant peoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-



7. S. No. 1.

PHYSICIANS should state of OCCUPATION is very CERTIFICATE OF Registration Dist. No. fit death occurred in Ward) a hospital or Institution. REGORD give its NAME instead of street and oumber. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND statemen PERMANENT 16 DATE OF DEATH 5 SINGLE. 4 COLOR O'R RACE MARRIED WIDOWED (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from Exact ated 8 DATE OF BIRTH that I last saw h..... alive on ..... classifled. 4 (Day) (Year) If LESS than AGE pinoda 1 day hrs. THIS OR ..... min. ? properly BOCCUPATION AGI (a) Frade, protession, or INK particular kind of work supplied. pe business, or establishment UNFADING may which employed (or employer) 9 BIRTHPLACE (State or country) Contributory certificate. (Secondary) carefully that (Duration) 10 NAME OF FATHER 0 0 back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country pinous \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-LO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 1 OR RECENT RESIDENTS) 13 BIRTHPLACE DEATH In At place lo the OF MOTHER (State or country State ..... yrs, \_\_\_\_ mos. \_ ... yrs. ..... mos. .... \_ ds. Where was disease contracted. See If not at place of death?. ٥١ Former or PO usual residence. Important. Every Ite OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 NDERTAKER REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health
Association.]

essary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerran septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion," Examples:



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

N.B.

60

County PLACE OF DEATH 17299  County Public 17299  Village or City Estonsolle (No. Spr. M.)  2 FULL NAME Milliam M.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 30  [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Acolor or RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 OI HEREBY GERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  1 day, hrs. OR min.?	that I last saw h Malive on L. J. 191 5, and that death occurred on the date stated above, at D.C. m. The CAUSE OF DEATH # was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Chronic Bright Dise
10 NAME OF FATHER MULLA B Murdock  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Lacketh C John	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At piece of death yrs. O mos. State, yrs. mos. ds. Whars was disease contracted, if not at place of death? Formar or usual rasidence
(Address) Severslow, Mcl.  15 Filed Oct 5, 1915 Warshall Blurst REGISTRAR  16 more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  GOT  19 PLACE OF BURIAL

[Approved by U. S. Consus and American Public Health
Association.]

write Nonc. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully —('oal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crosery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stolionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, For persons who have no occupation whatever, Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated cause. head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage mus," "Old Age," "Shock." "Uraenia," "Weakness, Struck by rollway train—occident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of..... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intereuras "Puerperal septichocmia," "Dropsy," "Exhanstion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must-be obtained before the certificate is permanently filed.

RECEIVED NOV. 4 1915 BURBAU, V.S.

V. S. No. 1.

Z.B

1 PLACE OF DEATH

1 PLACE OF DEATH	STATE OF MARYLAND
County Batto 17300	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City nut elman (No.	St.; Ward) [If death occurred in
	a hospital or institution, give its NAME instead
2 FULL NAME Infant Nea	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO,	16 DATE OF DEATH QUET 9 , 1915"
male Oslared (Write the word)	(Month) (Day) (Year)
6 OATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Oct 9 1915	, 191, to, 191,
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 6 m.
yrs, mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or	Still Loren Course
particular kind of work	enturns.
(b) General nature of industry business, or establishment in	
which employed (or employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Ouretion) yrs mos ds,
FATHER GERRAL Neal	(Signed) famile of heiff corons vago., M. O.
11 BIRTHPLACE	Oct 10, 191 & (Address) elletted My
Z OFFATHER (State or country) South Carolina	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
12 MAIOEN NAME OF MOTHER LA COLUMN	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 RIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) South Carolina	of deathyrsmosde. Stete,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Surga must	Former or usual recidence
(Address not unique	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
(Address)	mt. austrina 000 -//, 1015
Fled Ot - 10 1910 7 Muller	20 UNDERTAKER ADDRESS
REGISTRAR	Sus - N Hor ker Balis - ml
If more blanks are needed address State Registras	6 W Seretore St Batto Requesting V. S. No. I.

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[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. of given up on account of the DISEASE CAUSING NEATH, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Loborer mobile factory. mill; (a) Salesman, (b) Grosery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis?"); Diphtheria (avoid use of "Croup"); Typhoid fever "(never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Poisoned by Struck by roilway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichoemia," "Puenperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness." "Annemia" (merely symptomatic), "Atrophy," "Col-hapse," "Coma," "Convulsions," "Debility": ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, State cause for which carbolic Never report mere acid-probably



PHYSICIANS should of OCCUPATION IS

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... If death occurred in Ward) a hospital or Institution. give Its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 1915 to (Oct. 14 th aly 14th (Month) TAGE If LESS than and that death occurred on the date stated above, at 2 a, m. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employor) ...... certificate. BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 50 back 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. of Mother Collen instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ \_\_ mos. \_\_\_ \_ ds. State \_\_\_\_ yrs. \_\_ Where was disease contracted. See If not at place of death?. Gev. a. Nielsen Former or Every item CAUSE OF important. usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Con 16 15 January out 26 UNDERTAKER ADDRESS more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE mine, etc. Women at home, who are engaged in the Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report



		HYSICIANS statement of
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		3.—Ev
V. S.		ž

	1 PLACE OF DEATH	DONEL TUBEROU	STATE OF MARYLAND
Count	V		CERTIFICATE OF DEATH
1		17200	Registration Dist. No.
Village	or City	Listes &	St.; Ward)    If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	nale White	5 SINGLE, MARRIED PRACTICAL WIDOWED OR DIVORCED (Write the word)	(Month) & (Day) - (Year)
6 DAT	E OF BIRTH	1885-	June 22 1915, to Och 8 -, 1913,
7 AGE	(Mont	th) (Day) (Year)	that I last saw here alive on Colombia, 1915,
AGE	- 21	1 day,hrs.	and that death occurred on the date stated above, at Julia m.  The CAUSE OF DEATH * was as follows:
	O yrs	mos. OR min. ?	Pullisis Pulm
X(s)	Trade, protession, or	a un le	
(b)	cular kind of work		
busin which	ness, or establishment in h employed (or employer)		(Oriration) ups mos de
	State or country) Ol Car	Cer	Contributory Level Secondary Carrier (Buration) yrs. mos. 2. 9 ds
	10 NAME OF FATHER CANCELLE	Tombere	(Signed) 2, 8, Crok
Z	11 BIRTHPLACE OF FATHER (State or country)	Caly	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PAR	OF MOTHER Mary	Fadalni	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	Taly	OR RECENT RESIDENTS) At placa of death yrs
14 TH	E ABOVE IS TRUE TO THE BES	T OF MY KNOWLEDGE	It not at place of death? Unhaver
(1	informant)		Former or usual residence 822 Laker Colley
	(Address)		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  LOLY WOLLD'S
15 Filed	Oct 8 , 1915	MISSER BALL	Wendelt herpel 331 & Bank
	If more blanks a	re needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state oecupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entened as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day lubarer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoknow (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. "Foreman," "Manager," "Dealer," etc., without more For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, The question

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

du'Annemia" (merély symptomidie), "Atrophy," "Collapse, 3 "Coma," "Convulsions," "Debility" ("Con-"genital," "Senile," etc.), "Dropsy" "Exhaustion," Echopnoumonia (secondary), 10 ds. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, litarius) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as prabably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deathis birth or miscarriage as "PUERPERAL septichaemio," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) "PUERPERAL perilonitis," etc. cause. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping gcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of by Always qualify all diseases resulting from ehildrailway The contributory (secondary or intercurtrain-accident; State cause for which Revolver Never report mere nound of

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V. S. No. 1.

#### should PHYSICIANS show RECORD PERMANENT statemen classified. INK supplied. UNFADING may ō back terms, pluoda 6 plain Instructions Information 2 of Inform WRITE See Item OF Important. Every It 0 z

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in a hospital or lostitution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 6 SINGLE. MARRIED, Married (Month) (Dav Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day ......hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ..... yrs. ..... mos. ..... State \_\_\_\_\_ yrs, \_\_\_ mes. \_\_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE if not at place of death?... Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Och. 15 191 0 UNDERTAKER ADDRESS REGISTRA In more blanks are needed, address State Registra, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations it should he used only when needed. As examples: the nature of the husiness or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may he entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Furmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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NOV2 1915 BURITAU.V.S. MARGIN RESERVED FOR BINDING

V. S. No. 1.

County 17304	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No. , )	St.; Ward)  [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maried Volite Single, Married, Wilowed OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Yer  17 A HEREBY CERTIFY, That I attended deceased fr
© DATE OF BIRTH	that I fast saw have allye on Oct. 7 191
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 LESS than	and that death occurred on the date stated above, a
5 6 yrs. mos. ds. or min.?	The CAUSE OF DEATH, was as follows:
(a) Trade, profession, or Can Maker	- 444
(b) General nature of lodustry business, or establishment in which emplayed (or employer)	(Ouralion) Unit mos mos
9 BIRTHPLACE (State or country) Moryland	Contributory Secondary  (Suralien) yrs mas
10 NAME OF Colward Parien	(Signed) & S. Collas
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violenti Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidals:
of MOTHER Calherine Payne	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Teland	At place In the of death yrs. mes de. Stale, 55 yrs. mes.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease controcted, that humans if not at piece of death? That humans if not at piece of death?
(Address)	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
Filed 10 7, 1915 Miriam Bair	Henry Lyck How (Ob 7. Eag
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or iniscarriage cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain—accident; Revolver as "PUERPERAL seplicharmia," State cause for which "Exhaustion, n.ound

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should OCCUPATION SICIANS ō PERMANENT 4 cla proper UNFADING certificate. 6 back plain Instructions Information \_ of Inform Item 10 mportant. Ш Every 0 ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in .....Ward) a hospital or institution. give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIOOWED, (Moath) (Write the word) (Day 1 HEREBY CERTIFY, That I attended deceased from 1900 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH\* OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) .... which employed (or employer) ..... BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_/\_3\_ ds. State ..... yrs. Where was disease contracted, TO THE BEST OF MY KNOWLEDGE It not at place of death? 15 ...... 191.5... ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

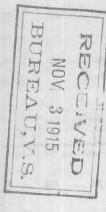
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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Loborer "Forenian," "Manager," "Pealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line-is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie cerebroterm for the same disease. Examples: time and causation), CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia using always the same accepted ("Pneumonia, Cerebrospinal

> on statement of cause of death approved by Committee and consequences (e. g., sepsis, Idonus) may be stated suicide. The nature of the injury, as fracture of skull, genital," "Senile," etc.), "Display," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraemus," "Old Age," "Shock," "Usemia," "Weakness," symptoms or terminal condition, such as "Asthenia," Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart diener; Chronic interstitial "Tumor" for malignant neoplasms; Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... under the head of "Contributory." (Recommendations Struck by railway train-accident: Revolver wound SUICIDAL, or HOMICIDAL, or as predeably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" chopneumonia (secondary), 10 ds. (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-homicide; Poisoned by anholic acid-probably to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from childor miscarriage (neerly symptomatic), "Atrophy, The contributory (secondary or intercuras "PUREFERAL septichaemia," Never report mere "Atrophy," "Col-ACCIDENTAL, ("Con-

tions answered in detail of will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all quee-

the certificate is permanently file

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery See instructions on back of certificate.

RECORD

PERMANENT

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PLAINLY, WITH UNFADING INK-THIS IS

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CAUSE OF Important.

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307

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.....

Village or City to be of (No. ,	St; Ward)  [If death occurred la a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, Wolowed, OPROIVORCED (Write the word)  6 DATE OF BIRTH  (Morth) (Day) (Year)  7 AGE  11 LESS than 1 day, hrs. 1 day, hr	that I last saw hand alive on
(Address) 1905 Marshall M. Ball	11 not at place of death?  Former or  usual residence  19 PLACE OF BURIAL OR REMOVAL  London PK Com Oct., 12, 1915  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

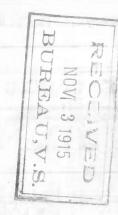


[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers of persons engaged in domestic service for wages, as should be taken to report specifically the occupations statement. Never return "Iaborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (e)

Statement of cause of death—Name, first, the disease causing death—Name, first, the desertion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosts of lungs, meninges, peritonacum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "l'UERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vro-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples :



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ation should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS	OF DEATH in plain terms, so that it may be properly classified. Exact statement of	/	
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should be sta	r be properly	y important. See instructions on back of certificate.	
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Village or City

'PLACE OF DEATH CITY DETENTION HOSPITAL FOR NE

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

MEDICAL CERTIFICATE OF DEATH

nty Baltimore	INSA

Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

William H. Overton <sup>2</sup> FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

16 DATE OF DEATHOCTOBER	(Month)	lst (Day)	(Year)
I HEREBY CERTIFY,			
September 23 1915.	to Octo	ber 1s	t, 1915
that I last saw h 1Malive or	Septe	mber 30	0 191 5.
and that death occurred on th	e date st	ated above,	at.8.30
The CAUSE OF DEATH * was	as follow	vs:	
***************************************			000000000000000000000000000000000000000
Delirium Tremen			**************************************
TO COMMITTED A STATE AND ASSESSMENT OF THE PROPERTY OF THE PRO		yrs.	mes. ds
	(uuranen)	yrs	mus 01
Contributory			
Secondary  (Signed) Philip Pa	(Buration)	yrs.	mosdo
	Cit &	tentos A	M. O
(Signed) Packip  Och 191. (Address)  State the Disease Causing Causes, state (1) Means of In. Suicidal of Homicioal.  18 LENGTH OF RESIDENCE (FOR F	Ox &	in deaths from (2) whether Ac	N. O. T. C. COENTAL,
(Signed) PRELIP	DEATH, or, TURY; and (	in deaths from (2) whether Ac	N. O. T. O.
(Signed) PRELIP (Address)  *State the Disease Causing Causes, state (1) Means of In. Suicidal of Homicidal.  18 LENGTH OF RESIDENCE (FOR FOR RECENT RESIDENCE).	DEATH, OF, TUBY; and (	in deaths from (2) whether Ac	TRANSIENTS
(Signed)  Color   191. (Address)  CAUSER, State the DISEARE CAUBING CAUSER, State (1) MEANS OF IN. SUICIDAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE (FOR FOR RECENT RESIDENCE) At place of death yes. Thes. 7. ds. Where was disease contracted,	DEATH, or, OR	in deaths from (2) whether Activity	VIOLENT COLORNAL,
(Signed) PRELIP  State the Disease Causing Causes, state (1) Means of In. Suicidal of Homicidal.  18 Length of Residence (for For Recent Residence) At place of death yrd. mas. 7.ds. Where was disease contracted, If not all place of death?  Former or	DEATH, or, OR	in deaths from 2) whether Activations,	TRANSIENTS
(Signed)  Color 191. (Address)  CAUSER, State the DISEARE CAUBING CAUSER, State (1) MEANS OF IN. SUICIDAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE (FOR FOR RECENT RESIDENCE) At place of death yrs. mas. 7.ds. Where was disease contracted, If not al place of death?  Former or usual residence 918. Ashland	DEATH, or, OR	in deaths from 2) whether Activations,	TRANSIENTS
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3 se		4 color or race Black	5 SINGLE, MA MARRIED, MA WIDOWED OR DIVORCED (Write the word)	rried
6 DA	TE OF BIR	TH (Moi	uth) (Day)	, 7877 (Year)
7 AG	E	38 yrs	mos, ds.	If LESS than 1 day, hrs. OR min.?
O dus	) General nati	ission, or of work ure of industry tablishment in (or employer)	vedore	×
-	10 NAME	Virgi	ınıa	•
	FATHE		m	
ENTS	11 BIRTHI OF FAT (State	PLACE	JS: 10 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	
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	de Above (Informant) (Addres	IS TRUE TO THE BE		DGE
15 File	ed 10/2	, 191 5	Miriano,	Back
	1	If more blanks	are needed, address	State Registrar,



[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); time and causation), CAUSING DEATH (the primary affection with respect to Typhoid fever (never report "Typhoid term for the same disease. Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic eerebropneumonia. Bronchopneumonia ("Pneumonia using always the same accepted Examples: pneumonia" Cerebrospinal

> state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, hcad-homicide; Poisoned by carbalic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonitis," etc. State cause for which birth or misearriage "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercuras "Puenperal septichaemia, "Dropsy," "Exhaustion, Never ACCIDENTAL, report mere nound

ence. All the day is essential and must be obtained before If this cortificate is looked over thoroughly and all ques-



Соц		Bal timore	1730	9 .	(4)	STATE OF MA CERTIFICATE O	
VIII		Bay View Asylum.	(No.	ne Owen		Registration Di	[If death occurred in a hospital or institution, give its RAME instead of street and number.]
	PERS	ONAL AND STATIS	TICAL PARTICU	LARS	ME	DICAL CERTIFICATE	F DEATH
3 s	ex nale	4 COLOR OR RACE Black	6 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	nknown	18 DATE OF DEAT	October (Month)	14th , 1915 (Day) (Year)
6 D	ATE OF BIR	тн		1 005	July 8th	BY CERTIFY, That I at	ober 14th, 191.5,
7 A	•••••	90? yrs		, 7 825 (Year) If LESS than 1 day, hrs. OR min, ?	and that death	h.CT alive on	ated above, at 8 201
14	b) General nat usiness, or es	of work iore of Industry itablishment in (or employer)	Cook		Contributory		***************************************
S	10 NAME FATHI	Unki	nown		(Signed)	Je fr un	708PITA M. 0.
ARENT	11 BIRTHI OF FA' (State	PLACE THER or country)			Oct. 15.	DISPASE CAUSING DEATH, OF,  (1) MEANS OF INJURY; and	in deaths from VIOLENT
PAR	12 MAIDE OF M				SUICIDAL OF HO	MICIDAL. SIDENCE (FOR HOSPITALS,	
14 7	The second second	OTHER OF COUNTRY)		DGE	OR RECENT RESI	3 mee. 6 de. Siele, tracied,	,yrede,
16 F	(Address	s) /5 , 191 . 5	Yırıam	Baer	MY. C 20 UNDERTAKER Saml. C	Liburn 1. Hemsley	DATE OF BURIAL  OCX 17, 1015  ADDRESS  578 W. Biddle
	\ \ /	If more blanks	are needed, address S	tate Registrar,	16 W. Saratoga St., B	alto., Requesting V. S. No. 1.	12

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[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used 6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthfulwrite None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tclanus) may be stated head-homicide; Poisoned to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT PRATHS "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from ehild-The nature of the injury, as fracture of skull, The contributory (secondary or intercurby carbolic acid—probably important.



RITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT of Information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.
ITE PLAINLY, WITH UNFADING INK—THIS IS A of information should be carefully supplied. AGE should be sDEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WICOWEO. (Month) OR OLVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 agrete Juliencular Janemen BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENTS OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE, OF BURIAL 15 20 UNDERTAKER ADDRESS 3204 O'Donnell St If more blanks are needed, address State Regis trar, 6 E. Evanklin St., Balfo., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrenal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions." "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can-State cause for Examples: 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOVE 1915 EUREAU, V.S. BINDING

FOR

1 PLACE OF DEATH	STATE OF MARYLAND
County Pacelo 17317	CERTIFICATE OF DEATH
	Registration Dist. No
Village or City cickeyspille (No.	St.; Ward) [If death occurred in a hospital or institution.
	give its NAME Instead
FULL NAME V Still Born	male mout of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH CLEAT 12 1915
male migro WIOOWED OR OIVORCED OF OIVORCED	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
ac 2 1915	, 191, to, 191,
(Month) (Day) Wells	that I last saw halive on
Still born 1 day, hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. OR mln.?	I ded not attend the but
a) Trade, profession, or	y this injour
particular kind of work	Qtill Butt
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 DIRTURISCE	Contributory Secondary
(State or country) Bullo Co - Md	- (Duration), yra, mos., de,
10 NAME OF AM C COMMAND PRAISE	(Signed) B R Benson 4. M. O.
I BIRTHPLACE	Och 2, 1915 (Address) Crekensile Md
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OR, in deals from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
C 12 MAIOEN NAME	Marian Carlotte Control of the Contr
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country)	of deathyrsmoada. Siais,yramosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not all place of death?
(Informant) Mc Comasot ayru	Former or usual gasidenca
(Address) Serves Mel	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
(Address)	Tools Hell cemetry Och 4 101 15
Filed Olel 4 1915 B R Benon & ME	20 UNDERTAKER ADDRESS
Defauto REGISTRAR	Mccomas Vayne / texas ma
If more blanks are needed, address State Registrac,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Aulobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil fust line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and eonsequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; etc., when a definite disease can be ascertained as the on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Purpereal septichaenia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Meastes; Whooping The nature of the injury, as fracture of skull The contributory (secondary or intercur-State cause for which nound

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RECEIVED

NOVI-4 1915

BUREAU, V.S.

1 PLACE OF DEATH

13-15	CEDTIFICATE OF DEATH
County James 17312	CERTIFICATE OF DEATH
1 0	Registration Dist. No.
Village or City Stanty (No.	St; Ward) [If death occurred in
	a hospital or institution, give its NAME instead
2 FULL NAME Danat Sty	diag of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 19 1015
Temal white OR DIVORCED OR DIVORCED	(Month) (Day) (Year)
6 DATE OF BIRTH	IT I HEREBY CERTIFY, That I attended deceased from
July 26 1895	(1915, to CC), 1915,
(Month) (Day) (Year)	that I last saw had alive on OCT 19 1915,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 3 2m.
20 yrs. 2 mos. 23 ds.   OR mla.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Ly format Velice
(a) Trade, profession, or particular kind of work	10
(b) General nature of locustry husiness, or establishment in	(Durotion) yrs. mos. / ds.
which employed (or employer)	9 70 -0 1 0 1 - 1
9 BIRTHPLACE (State or country)	Secondary Intestinal Informations.
10 NAME OF	(Rurallon) yrs mos ds.
FATHER Arm & Ne nah	(Signed) , M. O.
11 BIRTHPLACE OF FATHER	Oct 19. 1918 (Address) Search Ind
C TERRITHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER PARTY TO A STATE OF THE PARTY TO A STATE OF	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) Al Blaco In the
OF MOTHER (State or country)	of death yrs mes. ds. State, yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Ary of Seath	Former or usual residence
(Addrago) Solitor	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Security London	Sun Cathedral Commits Oct 22, 1915
Filed Oct 19, 1915 & FShish	20 UNDERTAKER ADDRESS
REGISTRAS	SHellsings of day Ellicath City
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-The material worked on may form part The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated state Means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, birth or miscarriage as "Puerperal scplichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably "PUENPERAL perilonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intereur-State cause for which Never report mere



RECORD

A PERMANENT

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every Item of information should be GAUSE OF DEATH in plain terms, s.

#### CITY DETENTION HOSPT FOR PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH INSAME

County Baltimore

Village or City

7313

(No .....

Registration Dist. No.

St.;....Ward)

Ilt death occurred la a hospital or institution, give Its NAME Instead of street and number.]

		LL NAME	railt.	: r-d-T-9	***************************************	
PERSONAL AND STATISTICAL PARTICULARS				ARS	MEDICAL CERTIFICATE OF DEATH	
	Male Black Single, widowed, orbivorced (Write the word)			October 8th ,19		
5 DATE OF BIRTH				, 1.873	July 8th 191 8 to October 8th 191 5. that I last saw h 1m alive on October 8th 191 5.	
7 AGE If LESS than 1 day,			mosds.	1 day,hrs.	and that death occurred on the date stated above, at 8.45P n The CAUSE OF DEATH* was as follows:	
(a) pa (b) bus whi	CCUPATION ) Trade, profession rticular kind of w General nature o iness, or establich employed (or IRTHPLACE (State or cou	ork			General Paralysis  (Ouration) yrs. mos. ds.  Contributory Secondary	
	10 NAME OF		Unknown		(Signed), Philip Pegrestein, M. O.	
ARENTS	OFFATE	BIRTHPLACE OF FATHER (State or country)			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Accident	
PAR	12 MAIDEN NAME OF MOTHER 18			TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
		r country)	п		At place in the ot death yrs mos ds. State yrs mos ds	
	(Informant)	S TRUE TO THE BES	T OF MY KNOW	LEDGE	Where was disease contracted, If not at place of death?  Former or usual residence 8.34 Glover Street.	
15 Fil	1010	,191.5 M	riam/	Balf	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ET C. N. BABLE S	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No./1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septiehaecause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for ete., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: valvular heart discase; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

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RECEIVED

OCTIVIS

BURDAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County Baltimore Registration Dist. No. 41 Bay View Asylum fif death occorred in EXACTLY. P a hospital or institution. give its NAME instead of street and number. Ben. Pfeiffer <sup>2</sup> FULL NAME RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIEO, Married 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH stated October 29 th WICOWEO Male White OR DIVORCEO properly certificate HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH October 16th, 1915, to October 29th, 1915, should 1.875 (Year) pe that I last saw him alive on Octo. 29th (Day) 7 AGE may of If LESS than and that death occurred on the date stated above, at 2, 20P 1 day, hrs. O The CAUSE OF DEATH \* was as follows: OR min. ? that B OCCUPATION 0 supplied (a) Trade, profession, or Upholster ons particular kind of work SO (b) General nature of industry terms, instructi business, or establishment in (Buretion) carefully which employed (or employer) 9 BIRTHPLACE Contributory (State or country) C plai Maryland 10 NAME OF FATHER Ω 2 Henry Pfeiffer onid Important Oct. 11 BIRTHPLACE RENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. (State or country) Maryland Ω 12 MAIDEN NAME PA OF MOTHER mati E OF Maggie (unknown) 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE infor S At piece in the OF MOTHER 0 (State or country) of dooth yrs. mee. 1 ds. Maryl and State, yrs. mes. Where wes disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item of should state COCCUPATION of if not at place of death? 408 S. Register St. ueget residence PLACE OF BURIAL OR REMOVAL OATE OF BURIAL (Address) 20 UNDERTAKER m Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiengaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed is provided for the latter statement; it should be used Statement of Occupation-Precise statement of occupa-Coal mine, etc. various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

and consequences (c. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound suicinal, or momicinal, or as probably such, if impossible cause. Always qualify all diseases resulting from childgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemiu," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skall, head-homicide; to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent peaths "PUERPERAL perilonitis," etc.. State cause for which etc., when a definite disease can be accertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenpenal septichaemia," The contributory (secondary or intercur-Poisoned by carbolic acid-probably ("Con-



H	
No.	
80	
<b>.</b>	

PLACE OF DEATH	STATE OF MARYLAND
( Baltimys)	CERTIFICATE OF DEATH
County	Registered No. 3 2
	Phillips [If death occur a hospital or instigue its MAME in of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, DROIVDRCED (Write the word)	16 DATE OF DEATH O
6 DATE OF BIRTH Left . 19 , 1853	17 I HEREBY CERTIFY, That I attended deceased  May 1915, to Oct 1 19  that I last say h 32 alive on Oct 1 19
(Month) (Day) (Year)  7 AGE    If LESS than t day,hre. ormin.?	and that death occurred on the date stated above, at
(a) Trade, pretession, or particular kind of work  (b) General nature of industry,	Alleris - s leross
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Grant	Contributory apoplery (Secondary)
10 NAME OF SURVEY Phillips  11 RIRTHPLAGE	(Signed) J. Frein Letter (Signed) 7. Frein Letter (Address) 20 40 Entre Re
Z OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  2 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCH TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIOR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Sing law	At place In the of death yrs. mos. ds. State yrs. mos. mos.
(informant)	if not at place of death?  Former or usuat residence
(Address) 57/15 Park steigto un	20 UNDERTAKER DATE OF BURIAL  ADDRESS / 0.3



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease, Death and Death and

by carbolic acid-probably suicide. The nature of the etc., when a definite disease can be ascertained as the cer" is less definite; avoid use of "Tumor" for mallychildbirth or miscarriage, as "Purrersal septichaecause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report



1 PLACE OF DEATH STATE OF MARYLAND 40 PHYSICIANS EXACTLY, PHYSICIAN sified, Exact statement CERTIFICATE OF DEATH County. Registration Dist. No. Fif death occurred in a hespital or institution. give its NAME instead of street and number. RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 16 DATE OF DEATH ciass 3 SEX 4 COLOR OR RACE stated MARRIED. PERMANENT 1910 WIDOWED (Month) (Day) (Year) OR DIVORCED CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) If LESS Iban 7 AGE and that death occurred on the date stated above, at 1 day, hrs. O The CAUSE OF DEATH \* was as follows: min. ? supplied. 0 OCCUPATION
(a) Trade, profession, er tha particular kind of work 80 (h) General nature of ledustry ain terms, business, or establishment in which employed (or employer) refully Contributor 9 BIRTHPLACE (State or country) Ca 20 10 NAME OF 0 2 Dinou BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL 50 12 MAIDEN NAME of informatic LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place State or country) WRITE of death . 1200. ..... .....утв. Where was disease contracted, should state CA 14 THE ABOVE IS MY KNOWLEGGE If not at place of death?. Fermer or (Informant) usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every (Address' 15 20 UNDERT 8

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, Housemaid, etc. If the occupation has been changed state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. precise specification as Day laborer, Farm laborer, Laborer mobile factory. For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences to essepsis, telanus may be stated under the head of "Contributory?" (Feconomendations on Nomenclature of the American Medical Association.) Struck by railway train—accident; Revolver on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS lapse," "Coma," "Convu genital," "Senile," etc.), chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronor miscarriage as "Puerperal septichaemia," "Dropsy," Never report mere "Exhaustion," important. wound of



PHYSICIANS should state	of OCCUPATION To yery	
ed. AGE should be stated EXACTLY.	be properly classified. Exact statement	
N. BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION's very	Important. See instructions on back of certificate.

PLACE OF DEATH  County Baltimore 17317	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 27138
Shepard TEnoch Pract Hospital VIIIago Den Pract Hospital No. Pr	Jowson hid St; Ward) [It death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
For a sex a color or race of married wipower, or white write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Spate of Birth  Secember 25, 1969  (Month) (Day) (Year)	Sept 12 1913 to Oct 16 1915; that I last saw h im allve on Oct 16 1913;
7 AGE II LESS than 1 day, hrs. 46 yrs. 10 mos. 16 ds. OR min.?	and that death occurred on the date stated above, st. 7
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry,	Explanation
business, or establishment in Busilier which employed (or employer)  BIRTHPLACE (State or country)  Keretieselese	(Duration) yrs mos 3 ds.  Contributory Paresis (Secondary)
10 NAME OF Lewis Prichard  11 BIRTHPLACE  11 BIRTHPLACE	(Signed) Sogget , M. D.  Oct 16, 1915. (Address) Lowson Sud
(State or country) Kentucky  12 MAIDEN NAME Belle Meade	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Kentucky	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS,
(Informant) Errora Prichard	Where was disease confracted, Tentenown  If not at place of death?  Former or  usual residence Charleston W Va.
(Address) Charlestone W Vq.,  15 Filed T, 191 5, M Tolk REGISTRAR  If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL  Lehanles W. Va
	To Do Atty As



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (b) return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accicbildbirth or miscarriage, as "Purperal septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL periionitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can-The nature of the Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS BINDING RESERVED FOR MARGIN

			ETENTION H			1	RYLAND
Coun	<sub>ity</sub> Balti	more	17318		(D)	CERTIFICATE O	OF DEATH
Village or City(No, No				Ward)	[If death occurred a hospital or instituti give its NAME inste at street and numbe		
PERSONAL AND STATISTICAL PARTICULARS			, IV	MEDICAL CERTIFICATE	OF DEATH		
3 SE	x [a <b>le</b>	4 COLOR OR RACE Black	6 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Single		October (Month)	(Day) (Ye
6 DATE OF BIRTH		August 28th 191 5 to October 1st 19					
7 AG	7 AGE (Month) (Day) (Year)  1 It LESS than 1 day,		and that deat	h occurred on the date st	ated above, at 10.		
D (p bar	) General natu	f workre of industry		***************************************	Arterio Sclerosis  (Burallon) yrs. mos.		
which employed (or employer)  BIRTHPLACE (State or country)  Virginia			contributory Cerebral Hemorrhage		n sessio a a a		
9 B!	(State or cou	ntry)	nia		Secondary		
S	1D NAME (FATHE	Virgi			Secondary (Signed)	Plilis Pear	laters mos
	1D NAME (FATHE 11 BIRTHP OF FAT (State 12 MAIDEI	Unknow LACE HER OF COUNTRY) Unknow NAME	own		(Signed)  *State the CAUSES, state SUICIDAL or I	1915 (Address) Ca.  the Disease Clusing Deapt, or e (I) Meaks of Injury; and Homicidal.	mos
RENTS	10 NAME (FATHE 11 BIRTHP OF FAT (State OF MC) 12 MAIDEL OF MC) 13 BIRTHP OF MC)	Unknow LACE HER OF COUNTRY) Unknow N NAME OTHER UNKNOW LACE	own		(Signed)  State the CAUSES, state SUICIDAL OF IT OR RECENT R All place of deathyrs.	1915 (Address) Grant, or e (I) MRANS OF INJURY; and HOMICIDAL.  RESIDENCE (FOR HOSPITALS, ESIGENTS)  In the 1806 3 ds. State	mos.  Octube  in deaths from Viola  (2) whether Accidenta  (NSTITUTIONS, TRANSI
S LN	10 NAME (FATHE 11 BIRTHP OF FATE 12 MAIDET OF MO (State	Unknow LACE HER UNKNOW LACE HER UNKNOW NAME OTHER UNKNOW CLACE THER OT COUNTRY) UNKNOW THER OT COUNTRY) UNKNOW THER OT COUNTRY) THER OT COUNTRY) THER OT COUNTRY	own	EDGE	(Signed)  State ti Causers, stat Suicidal or I  18 LENGTH OF F OR RECENT R Al place	1915 (Address) Grant Controlled (Address) Grant Controlled (Address) Grant Controlled (Address) Grant Controlled (Address) In the Controlled (Address) State controlled (Address)	mos.  Octube  Octube  in deaths from Vior  (2) whether Accidental  INSTITUTIONS, TRANSI
S N N N N N N N N N N N N N N N N N N N	10 NAME (FATHE 11 BIRTHP OF FATE 12 MAIDET OF MO (State 13 BIRTHP OF MO (State HE ABOVE (	Unknow LACE HER OTHER UNKNOW NAME OTHER UNKNOW NAME OTHER OT COUNTRY) UNKNOW NAME OTHER OT COUNTRY) UNKNOW STRUE TO THE BES	own	EDGE	(Signed)  *State the CAUSES, state SUCCIDAL or I	1919 (Address) Grant Controlled (Address) Grant Controlled (Address) Grant Controlled (Address) In the Controlled (State	mos.  Octube  Octube  in deaths from Vior  (2) whether Accidental  INSTITUTIONS, TRANSI



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or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer applies to each and every person, irrespective of age. ness of various pursuits can be known. The question write None business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cooktaken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whater The material worked on may form part Never return "Laborer," (b) Auto-

Typhoid fewer (never report "Typhoid pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,") spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menin-Statement of Cause of Death-Name, first, the DISEASE and causation), using always the same accepted for the same disease. Examples: Cerebrospinal

> mus," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated surgical operation was undertaken. For violent deaths ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perisonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inamition," "Marasgenital," "Senile," etc.), "Annenia" (merely symptomatic), "Atrophy," "(ollapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, спорнештота rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping birth or misearriage (name origin; "Caneer" Example: Measles (disease causing death), 29 ds.; Brow-"Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-88 is less definite; avoid use of "Puerperal septichaemia," "Dropsy," "Exhaustion." Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it is prevent further correspondence. All the data is expectal and must be obtained before

Ason, the hear the hear the hear the hear the hear than the certificate is look tions answered in detail, the case All the data is espendicular the certificate is permanently filed.

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PHYSICIANS should of OCCUPATION IS

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) a hospital or institution, give its NAME instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH OF Colars 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO, (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH\* was as follows: 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which amployed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE , 191 ... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. .... mos. .... State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death? ... Former or osual residence. PLACE OF BURIAL OR REMONAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Fublic Health Association.]

ness of various pursuits can be known. The question should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-losis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: The contributory (seeondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of



MARGIN RESERVED FOR BINDING

-Every item of information should be carefully supplied. AGE should be stated EXACTEY. PHYSICANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified that statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT NECORD

N.B.

Village or City Moodlawar (No Rolling Cannad Re	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
-FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PACE  A COLOBOR RACE  MARRIED, Midower  Write the word)  TAGE  OCCUPATION  (a) Trade, protession, or particular kind of work  (b) Geograf nature of industry.	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  191 to 191 that I last saw how alive on 191 ments.  191 That I last saw how alive on 191 ments.  191 The CAUSE OF DEATH* was as follows:
business, or establishment in which emplayed (or emplayer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF Martin Reich  11 BIRTHPLACE (State or country) Lermany  12 MAIDEN NAME Catherine (not known)  13 BIRTHPLACE OF MOTHER (State or country) Lermany  14 State or country) Lermany	(Signed) (Si
(Interment) Martin Reich  (Address) Nordlawn Reich  Filed 2 20,1915 A 200 Registrar	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  OCT. 2/, 191.5.  29 UNDERTAKER  ADDRESS  VUSAB ALTIMAN
If more blanks are needed, address State Registrar	, & E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.; Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the description with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchöpneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-"Exhaustion,"



N. B.

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-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD IS UNFADING INK-THIS WRITE PLAINLY, WITH

	1 DUAGE OF DEATH	CTATE OF MA	
	PLACE OF DEATH	STATE OF MA	
Co	unty (Ballo, 100)	CERTIFICATE O	F DEATH
		Registration Dis	st. No. 41
Vil	lage or City 6 anton (No. 3723. )  2FULL NAME 6 lisasets	Termord are Ward	[It death occurred in a hospital or lostitution, give its NAME instead ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	FDEATH
3 5			T DANTH
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, D	ATE OF BIRTH	6/1/15 , 191 , to 10	14/15 191
	(Month) (Day (Year)	that I last saw h Qadaliva on 10/1	3/15 ,191
7 A		and that death occurred on the date states	above, at 9.100 m
	5 7 yrs 2 mos 2 ds. OR min, ?	The CAUSE OF DEATH* was as follows:	
8 0	CCUPATION TELEPOOR MIN. ?	***************************************	
/ (a	Trade, profession, or	- 6 hrome Mayread	the
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	FATHER Paul Schell	(Signed) Frederick 1 + Br	rmanuel, N. D.
NTS	11 BIRTHPLACE OF FATHER (State or country)	10/16 / 191 (Address) Lud	
PARENT	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	r, in deaths from VIOLENT nd (2) whether Acciden-
0.	amprov	18 LENGTH OF RESIDENCE (FOR HOSPITALS	
	OF MOTHER (State or country)	At place In the	yrs, ds
4 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	/100 passesses 11000 passesses 11000
	(Informage) Ludwig (Lichter	It not at place of death?	81866 - 67 5 0 5 5 5 5 6 6 6 6 6 7 6 5 6 6 6 6 6 6 6 6
	Control May 1	usual residence	***************************************
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. material worked on may form part of the second (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, rcturn "Laborer," "Foreman," If the occupation has As examples:

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affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping eough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., IENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for chiidbirth or misearriage as "Puerperal schiichaccause. Always qualify all diseases resulting from cte, when a definite disease can be ascertained as the inus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) eause of death approved by Committee on Nomenciasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-



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should state CERTIFICATE OF DEATH Registration Dist, No Ilt death occurred in a hospital or institution. give its NAME Instead of street and number.] Grabeth. Kisley MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, Marrie 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Sepa WIDOWED, Sepa ORDIVDRCED (Write the word) (Dav I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. (Dav (Year) 7 AGE if LESS than 1 day .....hrs. properly Tulograndos BOCCUPATION (a) Trade, profession, or (b) General nature of industry. business, or establishment in may which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory.... Secondary 10 NAME OF FATHER 20 jo ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, TO CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME plain Instructions LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, \_ 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH Every item CAUSE OF Important. S usual residence. 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

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nant neopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations ou statement of mia," "PUERPERAL peritonitis," etc. mere symptoms or oma, Sareoma, etc., of...... (name origin; "Can ture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," terminal conditions, such as "As-State cause for "Exhaustiou," Never report



BINDING

PHYSICIANS ERMANEN supplied. pe may of plain DEATH See ō Every Item CAUSE OF important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [It death occurred in a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWER ORDIVORCED (Write the word) (Month) (Day (Year) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above t day.....hrs. The CAUSE OF DEATH\* was as follows: (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ...... 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace OF MOTHER (State or country) ot death ..... yrs. .... mos. .... ds. State ..... yrs. \_\_\_\_ Where was disease contracted. if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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LENT DEATHS state MEANS OF INJURY and qualify as aant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of (Recommendations on statement of (disease causing (secondary or intercurrent) death), 29 ds.; State cause for "Exhaustion,"



1 PLACE OF DEATH

ERMANENT THIS INK UNFADING

WRITE

CERTIFICATE OF DEATH Registered No... fif death occurred in Village or City Williams a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 CD LOR OR RACE 3 SEX MARRIED. WIDDWED. ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than and that death occurred on the date stated above, at So-7 AGE 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 properly 8 OCCUPATION AGE (a) Trade, profession, or particular kind of work (b) General nature of Industry. pe business, or establishment in (Duration) vrs. mos. may which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (Secondary) (State or country) (Doration) 10 NAME OF 80 0 (Address) 11 BIRTHPLACE terms. ARENT OF FATHER
(State or country) \*State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the 5 At place OF MOTHER (State or country) State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ of death \_\_\_ yrs. \_\_\_\_ mos. \_\_\_ DEATH Where was disease contracted. 14THE ABOVE IS OF MY KNOWLEDGE If not at place of death? 0 Former or Item usuál residence mportant. DATE OF BURIAL ш EVERY .15 m REGISTRA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

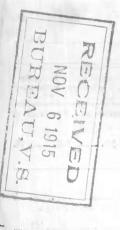


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PHYSICIANS should state of OCCUPATION IS very

Exact statement

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### 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

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Regist	ration	Dist.	No.	42

St.: Ward)

Ilf death occurred in a hospital or institution. give its NAME Instead of street and nomber.]

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Where was disease contracted. If not at place of death?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

19 PLACE OF BURIAL OR REMOVAL

No. က်



[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional liue is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as (a) Spinner, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Auaemia" (merely symptomatic), "Atrophy," affection ueed not be stated unless important. ture of the American Medicai Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report For vio-



PLACE OF DEATH	STATE OF MARYLAND
Balta duan	CERTIFICATE OF DEATH
County 12000 - 17326	Poststand Vis. 38
	Registered No.
Village or City Dovous (No. 309	Arling for Stie Ward) [It death occurred in a hospital or institution, give its NAME instead
0-41	of street and number.]
FULL NAME Callerine	6, Tuln.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE   5 SINGLE,	16 DATE OF DEATH Ochsher 476 101.0
	(Month) (Day) (Year)
Temale White (Write the word)	17 A I HEREBY CERTIFY, That I stiended deceased from
6 DATE OF BIRTH	chelph. 1915 to Och- 3 1915
Deht Q9 1839	
(Month) (Day) (Year)	that I isst saw h W alive on Och 3 ,1910
7 AGE If LESS than	and that death occurred on the date stated above, at
11 day,hrs	line Cause of Death * was as follows:
yrsmosds.   ormin.?	- 8
8 OCCUPATION	Cenlity.
(a) Trade, prefession, or particular kind of work	
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Ourafion) yrs. mos. ds.
	Contributory Umblical Jerma
SEIRTHPLACE (State or country)	(Secondary)  WKwawa/ (Duration) yrs mos ds.
10 NAME OF	
FATHER A A A A A A A A A A A A A A A A A A A	(Signed) John Crans., M. D.
O 11 BIRTHPLACE	Oct 4, 191 5 (Address) 502 Translin der.
OF FATHER  (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
W 12 MAIDEN NAME OF MOTHER	
a Catherine Than	SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	Af place In the of death yrs, mos, ds. State yrs, mos, ds.
	Where was disease confracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informanty Danillon / Will	Former or usual residence
5:09 Asling ton are.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	- Holy Podown Or Pen Opt Le 101 h
16 Pat - 1	20 UNBERTAKER ADDRESS
Filed CC 1, 1915 and orman	Jumil Black con 13
	1 10 mm/ 172/1/ proading
Filed REGISTRAR  If more blanks are needed, address State Registrate	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum,

LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms) ; Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .... cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:



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DEATH

Every Item CAUSE OF Important. S

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in a hospital or institution. give its NAME instead ot street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO, Wide WIDOWEO, ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 11:45 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? Tulinger on day 8 OCCUPATION (a) Trade, profession, or Laboret particular kind of work (b) General nature of industry, business, or establishment in Steel which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER (Signed) PARENTS OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE Af place OF MOTHER (State or country) State Where was disease contracted. 14 THE ABOVE/IS 15 20 UNDERTAK

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Carl



[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-l'recise statement of occupa-Spinner, If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucstes of lungs, meninges, peritonaeum, etc., Carcin

mia," "PUERPERAL pcritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanns) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1915 SUP 'AU, V.S. carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

certificate.

of information should be c. DEATH in plain terms, so See instructions on back of

CAUSE OF Important. S

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Meellenta

### 1 PLACE OF DEATH

17328



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St .:----

...Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.

ADDRESS

1200W. Tombard St

FULL NAME W. Magust Da	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hhits Single, MARHED, MIDDWED, ORDINDRED Write the worth arried	18 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
May 13, 1877 (Worth) (Day (Year)	Oct 7, 1915, to Oct 27, 1915, that I last saw have allow on Oct 27, 1915
7 AGE If LESS than	and that death occurred on the date stated above, at
3 8 yrs 5 mos 14 ds OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	2
which employed (or employer)	Contributory Deline & Lucy
9 BIRTHPLACE (State or country)	Seeondary
10 NAME OF FATHER Louis Sachs	(Signed) Walter C. Oskerel M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
V 12 MAIDEN NAME OF MOTHER TATTIES Haling	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTE
13 BIRTHPLACE OF MOTHER (State or eountry)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Miss Rosa Sachs	If not at place of death?  Former or usual residence 18 Main St Mt Vincens Med
(Address) 248 S. Third St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer, (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Hanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of "Dropsy," "Exhaustion, State cause for



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Villa	ge or City	(No	Registration Dist. No	[if death oc
VIII C				a hospital or it give its NAMI of street and
	PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3 SE	4 COLOR OR RACE emale Black	s SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATHOctober(Month)	(Day)
-	TE OF BIRTH		April 10th , 191 5, to October	
	(Mon	th) (Day), 1.869.	that I last saw h er alive on October	
TAG		If LESS than	and that death occurred on the date stated	
	46 yrs	mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:	
- (a	CCUPATION 1) Trade, profession, or		Acute Endocarditis, Status	<b>S</b>
	ricular kind of work		Epilepticus	
& has	siness, or establishment in Doi ich employed (or employer)	mestic	(Ouration) yo	rs moe
9 BIRTHPLACE (State or country)			Contributory Epilepsy Secondary	
9 81	(Source of Country)			
9 81	Massachu	setts.	D. A. (Buration)	re mos
9 81	Massachu 10 NAME OF FATHER		(Signed) Philip Pearlsten	re, mos
S	Massachu  10 NAME OF FATHER  Samuel Gr	een	Oct. 15 191 5 (Address at Deten	tron Ha
ENTS	Massachu  10 NAME OF FATHER  Samuel Gr  11 BIRTHPLACE OF FATHER (State or country) Oaklo	een	*State the DIREASE CAUSINO DIATH, or, in de	tron Ha
S	Massachu  10 NAME OF FATHER  Samuel Gr	een homa	*State the DISEASE CAUSINO DIATH, or, in de CAUSES, State (1) MEANS OF INJURY; and (2) whe SUICIDAL OF RESIDENCE (FOR HOSPITALS, INSTITUTE OF THE STATE OF THE ST	to Ha
ARENTS	Massachu  10 NAME OF FATHER  Samuel Gr  11 BIRTHPLACE OF FATHER (State or country) Oaklo  12 MAIDEN NAME OF MOTHER  Mary Ke  13 BIRTHPLACE OF MOTHER	een homa	*State the DIREASE CAUSINO DIATH, or, in de CAUSERS, state (1) MEANS OF INJURY; and (2) where the Suicidal of Homicidals.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OR RECENT RESIDENTS)  At place In the	tion Haratha from Whether Accept
PARENTS	Massachu  10 NAME OF FATHER  Samuel Gr  11 BIRTHPLACE OF FATHER (State or country) Oaklo  12 MAIDEN NAME OF MOTHER Mary Ke  13 BIRTHPLACE OF MOTHER (State or country) Virgi	een homa y	*State the DIREASE CAUSINO DIATH, or, in de CAUSERS, state (1) MEANS OF INJURY; and (2) where Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OR RECENT RESIDENTS) At place In the of death	to Ha
PARENTS 14 TI	Massachu  10 NAME OF FATHER  Samuel Gr  11 BIRTHPLACE OF FATHER (State or country) Oaklo  12 MAIDEN NAME OF MOTHER Mary Ke  13 BIRTHPLACE OF MOTHER (State or country) Virgi: HE ABOVE IS TRUE TO THE BES	noma y nia T of MY KNOWLEDGE	*State the DISPASE CAUSING DEATH, or, in de CAUSER, state (1) MEANS OF INJURY; and (2) whe Suicidal of Homicidal.  18 Length of Residents  At place of death  Where was disease contracted, If net all place of death?	troe Havaths from Venether Accres TUTIONS, TR
PARENTS 14 TI	Massachu  10 NAME OF FATHER  Samuel Gr  11 BIRTHPLACE OF FATHER (State or country) Oaklo  12 MAIDEN NAME OF MOTHER Mary Ke  13 BIRTHPLACE OF MOTHER (State or country) Virgi	noma y nia T of MY KNOWLEDGE	*State the DISPLASE CAUSING DEWIN, or, in de CAUSES, State (1) MEANS OF INJURY; and (2) where the Still of Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OR RECENT RESIDENTS) At place in the of death	rutions, Ta
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[Approved by U. S. Census and American Public Health Association.]

\*the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scream, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm lubarer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

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mus," under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbalic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronbirth or miscarriage Tumor" for my ignant neoplasms); Meastes; Whooping reme origin, "Cancer" is less definite; avoid use of "Old Age," "Shoek," "Uracmia," "Weakness," Chronic valvular heart disease; Chronic interstitial as "Puerperal scptichaemia," State cause for which Never report mere

PERMANENT RECORD

4

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

### 1 PLACE OF DEATH Village or City

17330



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 32

lope (1	10. Mts	tope Rehref St: Ward)
1111	1	A. 1-

[If death occurred in a hospital or institution, give its NAME instead

2FULL NAME AWITH Day	Llou of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OCL 3/24, 1915.  (Month) (Day (Year)
6 DATE OF BIRTH  Jau (Month) (Day (Year)	Jan 1882, 191 to Get 31, 1915, that I last saw h List alive on Deh 3/2h, 1915
7 AGE  What 5 8 yrs mos ds.   If LESS than 1 day,hrs.   OR min. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General natura of industry, business, or establishment in which amployed (or employer)	(Duration) 38 yrs. o mos. o ds.
9 BIRTHPLACE (State or country) Balto Med - 9	Gontributory Ex. Cardine Syncore fallowing Macs Secondary Atuli Pul, Congestion (Doration) 750 mos /2 ds.
FATHER Own Ray lon  11 BIRTHPLACE OF FATHER (State or country) In and	(Signed) Frank Flammy, N. D.  Oct 310t, 1915 (Address) MAHTHE Retriest  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER Alice &, Hand-  13 BIRTHPLACE OF MOTHER (State or country) Mary Carel-	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place of death 23 yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Records of not How Rebreat	Where was diseasa contracted, Ballinean Dud-
(Address) Ret Hope med- 16 Filed Del 31, 191 J-Wm - Language REGISTRAR	19 PLACE OF BURIAL OR REMOVAY DATE OF BURIAL  NAU Cottrelra Corm Nort
	trar, 6 E. Dranklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement: who have no occupation whatever, write None. cated thus: been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Trecise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (U)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakuess," tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report



PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD item of information should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
Count	· Baltimore 1551 (36)	CERTIFICATE OF DEATH
Jount		Registration Dist. No. 43
	Cospaille.	- [It death occurred
Village	e or City Web (No	St.; Ward) a hospilal or institut give its NAME inst
	Jely 9 Schinle	
	2FULL NAME # WCMUALE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 10 4 19
mas	le Mite WIDOWED IN SILE	(Month) (Day (Yea
8 DATE	OF BIRTH	17   HEREBY CERTIFY, That I attended deceased for
	7 7 10/5	, 191, to , 181
	(Month) (Day (Year)	that I last saw h alive on 191
7 AGE	It LESS than	and that death occurred on the date stated above, at. 4.
	yrs 2 mos 2 7 ds   1 day,hrs.	The CAUSE OF DEATH* was as follows:
8		
OCCI	JPATION .	
/ (a) Trad	JEATION  de, profession, or  the binder made and the binder made a	Malwhition
(a) Trad particula		Malintution
(a) Trad particula (b) Gen business	de, profession, or lar kind of work	(Duration) yrs./ mos.
(a) Trad particular (b) Gen business which er	de, profession, or lar kind of work	Contributory Rechitain
(a) Trad particula (b) Gen business which e	de, profession, or lar kind of work	Contributory A Charles Secondary
(a) Trad particula (b) Gen business which e:  9 BIRTH (Sta	de, profession, or lar kind of work.  leral nature of industry, s, or establishment in imployed (or employer)  HPLACE ate or eountry)  NAME OF	Contributory Contributory Secondary (Duration) yrs mos
(a) Trad particult (b) Gen business which er	de, profession, or lar kind of work.  leral nature of industry, s, or establishment in mployed (or employer)  HPLACE atte or eountry)  Manyland	Contributory A Christian Secondary
(a) Trad particular (b) Gen business which er	de, profession, or lar kind of work.  leral nature of industry, s, or establishment in imployed (or employer)  HPLACE ate or eountry)  NAME OF FATHER  BIRTHPLACE OFFATHER	Contributory (Duration) yrs 2 mos (Signed) (Signed) (Address)
(a) Trad particular pa	de, profession, or lar kind of work  leral nature of industry, s, or establishment in imployed (or employer)  Phace ate or eountry)  NAME OF FATHER  BIRTHPLACE  OF FATHER  (State or country)  Manyland  Distributed  State or country)  Manyland	Contributory (Duration) yrs 2 mos (Signed) (Signed) (Address)
(a) Trad particular pa	de, profession, or lar kind of work.  leral nature of industry, s, or establishment in imployed (or employer)  HPLACE ate or eountry)  NAME OF FATHER  BIRTHPLACE OFFATHER	(Signed)  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
(a) Trad particular (b) Gen business which et	de, profession, or lar kind of work  leral nature of industry, s, or establishment in imployed (or employer)  HPLACE ate or eountry)  NAME OF FATHER  BIRTHPLACE OFFATHER (State or eountry)  MAIDEN NAME OF MOTHER  JAVAL  RAIDEN NAME OF MOTHER  JAVAL  A MAIDEN NAME OF MOTHER  JAVAL  A MAIDEN NAME OF MOTHER  JAVAL  A MAIDEN NAME OF MOTHER  JAVAL	(Signed)  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accid that, Suicidal, or Homicidal.  16 Length of Residence (for Hospitals, Institutions, Transie or Recent Residents)
(a) Trad particular (b) Gen business which et	de, profession, or lar kind of work  leral nature of industry, s, or establishment in imployed (or employer)  HPLACE ate or country)  NAME OF FATHER  BIRTHPLACE OF FATHER (State or country)  MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER  BIRTHPLACE OF MOTHER  BIRTHPLACE OF MOTHER	(Signed)  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means or Injury; and (2) whether Accid Tal, Suicidal, or Homicidal.  *Blength of Residents  At place  In the
(a) Trad particular pa	lar kind of work  leral nature of industry, s, or establishment in imployed (or employer)  HPLACE ate or eountry)  NAME OF FATHER  BIRTHPLACE OFFATHER (State or eountry)  MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER (State or country)  BIRTHPLACE OF MOTHER (State or country)  Manyland  BIRTHPLACE OF MOTHER (State or country)  Manyland	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accidate, Suicidal, or Homicidal.  *State The Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accidate, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accidate or Recent Residents)  *In the Other Causes Contracted, Means of Causes, State (2) Whether Accidate (3) Where was disease contracted,
(a) Trad particular (b) Gen business which er 10 C 11 C 12 C 13	de, profession, or arkind of work  leral nature of industry, s, or establishment in imployed (or employer)  HPLACE ate or country)  NAME OF FATHER  BIRTHPLACE OF FATHER (State or country)  MAIDEN NAME OF MOTHER OF MOTHER (State or country)  BIRTHPLACE OF MOTHER (State or country)  BIRTHPLACE OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  *Islength of Residents  At place of death  yrs.  mos.  ds.  State yrs.  mos.
(a) Trad particular (b) Gen business which er 10 C 11 C 12 C 13	lar kind of work  leral nature of industry, s, or establishment in imployed (or employer)  HPLACE ate or eountry)  NAME OF FATHER  BIRTHPLACE OFFATHER (State or eountry)  MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER (State or country)  BIRTHPLACE OF MOTHER (State or country)  Manyland  BIRTHPLACE OF MOTHER (State or country)  Manyland	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Acceptant, Suicidal, or Homicidal.  *State The Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Acceptant, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Acceptant, Suicidal, Su
(a) Trad particular (b) Gen business which er 10 C 11 C 12 C 13	de, profession, or lar kind of work  leral nature of industry, s, or establishment in imployed (or employer)  HPLACE ate or eountry)  NAME OF FATHER  BIRTHPLACE OF FATHER (State or eountry)  MAIDEN NAME OF MOTHER OF MOTHER (State or country)  MAIDEN NAME OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  TMANT)  TO THE STATE OF THE STATE OF THE STATE OF MY KNOWLEDGE  TMANT)	Contributory Secondary  (Buration)  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accid that, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accid that, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accid or Recent Residence (For Hospitals, Institutions, Transle or Recent Residence (In the ot death) yrs. mos. State yrs, mos.  *Where was disease contracted, it not at place of death?  Former or usual residence.  **Death of Burial or Removal Date of Burial or Burial
(a) Trad particular (b) Gen business which er 10 C 11 C 12 C 13	de, profession, or arkind of work  leral nature of industry, s, or establishment in imployed (or employer)  HPLACE ate or country)  NAME OF FATHER  BIRTHPLACE OF FATHER (State or country)  MAIDEN NAME OF MOTHER OF MOTHER (State or country)  BIRTHPLACE OF MOTHER (State or country)  BIRTHPLACE OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accid Tal, Suicidal, or Homicidal.  *State The Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accid Tal, Suicidal, or Homicidal.  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accid tall, Suicidal, or Homicidal.  *In the Other Was disease contracted, if not at place of death?  Former or usual residence.
(a) Trad particular (b) Gen business which er 10 11 12 12 12 13 14 THE (Information of the content of the conte	de, profession, or lar kind of work  leral nature of industry, s, or establishment in imployed (or employer)  HPLACE ate or eountry)  NAME OF FATHER  BIRTHPLACE OF FATHER (State or eountry)  MAIDEN NAME OF MOTHER OF MOTHER (State or country)  MAIDEN NAME OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  TMANT)  TO THE STATE OF THE STATE OF THE STATE OF MY KNOWLEDGE  TMANT)	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  16 Length of Residents  At place of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, it not at place of death? Former or usual residence.  19 Place of Burial or Removal  Date of Burial



[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Civil engineer, Stationary freman, ctc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronio cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septiehae valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puedperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Measics (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of



V. S. No. 1.

EXPECTATIONS EXPECTATION EXPEC
AGE should be stated EXAG: it may be properly classified. back of certificate.
N.B.—Every item of information should be carefully supplied. AGE should be stated EXAGTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Baltimore, 17332	STATE OF MARYLAND AT CERTIFICATE OF DEATH HTARU Registration Dist. No. 3
Village or City Fullerton, (No.Fullerton)  2 FULL NAME J. Bernhard Schonhoi	a nespital or institution, give its MAME instead
PERSONAL AND STATISTICAL PARTICULARS	DE MEDICAL CERTIFICATE OF DEATH
Male, White, Single, MARRIED, WIDOWED OR OVORCED Married, (Write the word)	16 DATE OF DEATH OCTOBER 7th 1915.  (Month) (Day) (Year)
September 20th , 1840.  (Month) (Day) (Year)	September 12, 191 5, to October 7th , 191 5, that I last saw him ballyo on September 26, 191 5
7 AGE Vigori if LESS than 1 day, hrs. O mes. 17 ds. OR min.?	and that death occurred on the date stated above, at 5 & m.  The CAUSE OF DEATH * was as follows:
(a) Trade, prefession, or particular kind of work  (b) General nature of ledusfry business, or establishment in which employed (or employer)	Carcinoma of Stomach, but (probably scirrhous))
(State or country) Baltimore, Md.	contributory Starvation and asthenia Secondary 1 mos ds.
10 NAME OF Gerhard Schonhoff,	(Signed) J. S. S. Clerce & Decupel, M. O.
State or country) Germany,	October 7, 191 5. (Address) 3310 W. North ave.  State the Department Causing Drath, or, in deaths from Violent Causing, atá (2) Whans or Injunt; and (2) whether Accidental,
of Mother Unknown,	SUICIDAL OF HOMICIDALS.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 SIRTHPLACE OF MOTHER (State or country) Unknown,	At place  of deathyrsmesds. State,yrsmes.,ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sophia Schonhoff, wife,	Where was disease contracted, If not all place of death?  Former ar  woust residence  HTATE DATE
(Address) Fullerton, Balto: Co., Md.	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL BOLL OF HE DELLE OF HE DELLE OF HE DELLE OF BURIAL DELLE OF BURIAL DELLE OF BURIAL DATE OF BURIAL DELLE OF BURIAL DELLE OF BURIAL DATE OF BUR
If more blanks are needed, address State Registrar.	helloren Valdahu un Tulketon mit

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs. For persons who have no occupation whatever, write None

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar transporta, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tunior" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart discase; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (increly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Tropsy," "Exhaustion." "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uras mia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL perilonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull. and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County Batto 17333	CERTIFICATE OF DEATH
County	Registration Dist. No.
Palata 25th	LAX ex
Village or City (No. 3 )	De Costern Oste Ward) [If death occurred to a hospital or institution,
of him	give its NAME Instead of street and number.]
2 FULL NAME & SUAWIG (	C, D'EMWEAUL SI,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	wed DATE OF DEATH October 8 , 1919
Male White the word)	(Month) (Day (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
100 4 189	44
(Month) (Day (Year	0 V A
1 day	and that death occurred on the date stated above, at
yrs // mos // ds. OR min	.?
8 OCCUPATION (a) Trade, profession, or	
particular kind of work.	Thissusception / bowlo
business, or establishment in	(Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country)	Contributory
(State or country)	Secondary (Duration) yrs mos ds.
10 NAME OF CARTON A SOL	1 (Signed) Frank a. Gla. T.
11 BIRTHPLACE	der O.
H OFFATHER	(NUUI 635)
C 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
a OF MOTHER Not/graw	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place In the
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	of death yrs ds. State yrs ds Where was disease contracted,
Marsh 1/ 1/1	If not at place of death?
(Informant)	usual residence
(Address aller Ove 8 33 CA)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 COST 1 1186 AUS March	de 20 UNDERTAKER ADDRESS
Filed	ADDRESS ADDRESS

If more blanks are needed, address State Regist ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid desis of lungs, meninges, peritonaeum, etc., Carcin-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. sepsis, tetanus) by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medicai Association.) The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



N. B.

PLACE OF DEATH  Gounty Ballo 17334	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Sity Canton (No. 905, S	Registration Dist. No.  St.; Ward)  St.; Ward)  Schwarz  Schwarz  Schwarz  Schwarz  Schwarz  Schwarz  St.; Ward)  St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Ock 10 ,191.5 (Month) (Day (Year)
(Month) (Day (Year)	that I last aaw h in allva on 10, 1915.
7 AGE  2 yrs 9 mos / 2 ds OR min.?	and that death occurred on the data stated above, at 730 Pm. The CAUSE OF DEATH* was as follows:
(a) Trada, profession, er particular kind of work  (b) General nature of Industry,	Ileo-Coliti
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Balto, Co,, Md,	Contributory Secondary
OF FATHER SLO. E. Schwark  11 BIRTHPLACE OF FATHER (State or country) Balto. Co., Md.  12 MAIDEN NAME OF MOTHER	(Signed)
12 MAIDEN NAME OF MOTHER Mary Laber  13 BIRTHPLACE OF MOTHER (State or country) Balto Co. Md	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place to the of death yrs, mos ds.
(Informant)	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) 905 S. / hund  16 Filed Oct. 14 19 COE JUL Claushay	Schratz bemeter DATE OF BURIAL  20 UNDERTAKER  20 UNDERTAKER  ADDRESS  3204 0 200000000000000000000000000000000
If more blanks are needed, address State Regist	O ejudos o



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 22 ds.; nant neoplasms); Measles; Whooping cough; Chronic childbirth or misearriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as cte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Coninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Ex-



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	I was -	STATE OF MARYLAND
Cour	nty Manne 17335	CERTIFICATE OF DEATH
Villa	age or City All ashington F	Registration Dist. No.  Registration Dist. No.  (If death occur a hospital or lost give its NAME is of street and aun
ţ; - {	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Will black Single, MARRIEO, WIOOWED OR OIVORCEO Small	16 DATE OF DEATH (Month) (Day)
6 OA	TE OF BIRTH NW 28 1914	17 HEREBY CERTIFY, That I attended deceased
7 AG	(Month) (Day) (Year)  It (Ess than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:
A (a par	CCUPATION a) Trade, protession, or cricular kind of work b) General nature of industry siness, or establishment in	(Buration) yrs. 4 mos.
par (b but wh	a) Irade, profession, or ricular kind of work	Contributory Secondary
pal	10) General nature of Industry siness, or establishment in hich employed (or employer)  10) NAME OF FATHER Sulvius Scott	Contributory
S L N H S B I	10 NAME OF FATHER Sulvive All Machinists All Machin	Contributory Secondary  (Ourstion)  yrs., mos  (Signed)  (Address)  (Address)  (Address)  (Style the Disease Culture Death, or, in deaths from Visits  (Style the Disease Culture Death, or, in deaths from Visits
PARENTS who was a second of the second of th	10 General nature of Industry siness, or establishment in hich employed (or employer)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIOEN NAME OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 MAIOEN NAME OF MOTHER (State or country)  17 MAIOEN NAME OF MOTHER (State or country)  18 BIRTHPLACE OF MOTHER (State or country)  19 MAIOEN NAME OF MOTHER (State or country)  10 MAIOEN NAME OF MOTHER (State or country)  11 MAIOEN NAME OF MOTHER (State or country)  12 MAIOEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary  (Signed)  State the DISEASE CAUSING DEATH, Or, in deaths from Viole CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL OF HOMICIDAL  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State, yrs. mos.
SHUMAN SHAME	10 General nature of Industry siness, or establishment in hich employed (or employer)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIOEN NAME OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 MAIOEN NAME OF MOTHER (State or country)  17 MAIOEN NAME OF MOTHER (State or country)  18 BIRTHPLACE OF MOTHER (State or country)  19 MAIOEN NAME OF MOTHER (State or country)  10 MAIOEN NAME OF MOTHER (State or country)  11 MAIOEN NAME OF MOTHER (State or country)  12 MAIOEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Buretion) yrs. mos.  (Signed) (Address) MMC Share  Syste the DISEASE CAUSING DEATH, or, in deaths from Vivile CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL or HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State, yrs. mos.
SHUMAN SHAME	10 NAME OF FATHER Sulvis Scott  11 BIRTHPLACE (State or country)  12 MAIOEN NAME OF FATHER Sulvis Scott  13 BIRTHPLACE (State or country)  14 MAIOEN NAME OF MOTHER SULVIN SULVANISH STATES  15 MAIOEN NAME OF MOTHER SULVANISH SU	Contributory Secondary  (Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from Vigue CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OF RECENT RESIDENTS) At place to death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not at place of death?  Former or



[Approved by U. S. Census and American Public Realth Association.]

& yrs.). For persons who have no occupation whatever, engaged in domestic service for wages, as Servant, Cook business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, cte. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie eerebrotime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, meninterm for the same disease. Examples: Cerebrospinal Lobar pneumonia, Typhoid fever Statement of Cause of Death-Name, first, the DISEASE (never report "Typhoid Bronchopneumonia ("Pneumonia," pneumonia");

> on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: birth or miscarriage as "Puerperal septichumia," "Puerperal peritonitis," etc. State cause for which on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Urarmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal eonditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . etc., when a definite disease can be ascertained as the rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Anaemia" by railway train-accident; Revolver Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by corbolic acid-probably wound of

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

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OCCUPATION

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UNFADING

### 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred in a hospital or institution. give its NAME instead

### of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, Married (Month) (Dav ORDIVERCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Year) (Day 7 AGE teath occurred on the date stated above, at 5 30 It LESS than 1 day hrs. OR .....min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contfibutory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from Playent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death ..... yrs. .... mos. \_ ds. State ..... yrs. \_ Where was disease contracted.

It not at place of death?

Former or

usuai residence

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At schoot or At home. mine, etc. "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptantor, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mitt; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

vatvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenciacause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidentat drowning; Struck by raitway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report



PERMANENT AGE should be stated EXACTLY. BINDING UNFADING INK-THIS WRITE PLAINLY, WITH MARGIN N. B.-Every item of information should be

1 PLACE OF DEATH	STATE OF MARYLAND
County Bacto. 17337	CERTIFICATE OF DEATH
County	Registration Dist. No. 12
Village or City High land Town No. 3719	Frach as [It death occurr
Village or City /719 Mand Journ No. 3/19	St.; Ward) a hospital or instit
FULL NAME Fortus (3	mo. Werogeet. I ot street and num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX COLOR OR RACE SINGLE, MARRIEO, MARRIEO, WIOWEO,	16 DATE OF DEATH OCL //
orovorceo (Write the word)	(Month) (Day (Yo
DATE OF BIRTH	on och 11 191 5 to
Och 11 1915	, 191, 10
(Month) (Day (Year)	that I last saw h
<sup>7</sup> AGE   If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
yrsds. OR. Omin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or	0 -171
particular kind of work.	freedure But
(b) General nature of industry, business, or establishment in	(Ouration) / yrs. mos.
which employed (or employer)	
9 BIRTHPLACE (State or country) Baltoniere Co.	Gontributory Secondary
10 NAME OF	(Apration) yrs mos
FATHER Ino & cott,	(Signed)
OF FATHER	Och 12, 1915 (Address) 839 Je Ellers
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether AC
of Mother Mary Baier	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS)
of Mother (State or country) md.	At place in the of death yrs, mos, ds. State yrs, mos,
	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
John Sant	It not at place of death?
(Interment) John Scott.	Former or usual residence
(Interment) John Scott,  (Address) 3719 Fait are,	Former or USUAL residence
(Interment) John Scott.	Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeeper's mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubcrcucsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN V. S. No. 1.

1	PLACE OF DEATH	STATE OF MARYLAND.
Coun	ty Ballerine ( M)	CERTIFICATE OF DEATH Registration Dist. No. 33
Villag	ge or City (Mings Mull) (No.)	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME UMAnda Seller	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male Mile Single, MARRIED, WIDOWED OR DIVDRCED (Write the word)	16 DATE OF DEATH OF GALL (Month) (Day) , 1915
6 DA	TE DF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
·	1846	1912; to last la 1917;
7 AG	(Month) 9 (Day) (Year)	and that death occurred on the date stated above, at 4.7.5.m.
	69 yrs mos 27 ds 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
(8	CCUPATION ) Trade, profession, or None	- Brigher Disease and
bu	). General nature of Industry siness, or establishment in	(Ouration) 2 yrs. mos. ds.
	RTHPLACE (State or country)	Contributory Deart Failure Secondary
	10 NAME DE FATHER ASIA	(Signed) NHH Sampakal , M. 0.
ENTS	11 BIRTHPLACE OF FATHER (State or country) (Mayland	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
A C	12 MAIDEN NAME Caroline & Sneeth	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
۵	13 BIRTHPLACE DF MOTHER (State or country) Maryland	OR RECENT RESIDENTS) At placa in the of death yrs
14 T	(Informant) dward 6 Julion L	if not at piece of death?
	(Address) Hamsteed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	ed Oct. 7°, 1815 Horistals REGISTRAR	20 UNDERTAKER (ADDRESS Hampstead)
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekurpers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Pealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) ( rocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Rronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus): may be stated state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such if impossible to determine definitely. Examples: Accidental drowning; "Heart failure," "He-emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) head—homicide; Poisoned by carbolic acid—probably Struck by railway train-accident; Revolver wound surgical operation was undertaken. For violent deaths "Puenperal peritonitis," etc. State cause birth or miscarriage as "Puerperal septicharmia," cause. etc., when a definite disease can be ascertained as the "An temia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," "Convulsions," etc.), "Dropsy," Never report mere "Exhaustion," for which



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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the nisease causing neath, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housetion is very important, so that the relative healthfulengaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. Housemaid, etc. If the occupation has been changed only when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver wound of genital," "Scnile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic state MEANS OF TNJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercur-Never report mere "Atrophy," "Colacid-probably ACCIDENTAL, important. ("Con-



V. S. No. 1.

	RECORD	PHYSICIANS should state to occupation is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate.

County Bastimore	17339 (	STATE OF MAR CERTIFICATE OF	
County		Registration Dis	t. No
Village or City Sousies	ch mella.	St.; Ward)  Shaeffer	[If death occurred lo a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF	F DEATH
male Write	CE SSINGLE, Surgle Windowsed, ORDIVORED (Write the word)	16 DATE OF DEATH (Month)  17 I HEREBY CERTIFY, That I	(Day (Year)
6 DATE OF BIRTH	9- 1972	that I last ssw have alive on Och	1 st ,1915.
7 AGE 3 YIS 9	If LESS that t day, hrs	and that double occurred on the date stated	above, at 2-30Pm,
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,		Tacute Dyseul	iry
business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)	3 Co ma	Contributory Secondary	yrs mos ds.
OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	affred Sharffer	*State the DISEASE CAUSING DEATH, OF, CAUSES, State (1) MEANS OF INJURY; AE TAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	may Holloway	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State	
(Informant) Joseph	Shuffer	Where was disease contracted, If not at place of death?  Former or usual residence	
(Address) 15 Filed Cel 2 , 1915 (C)	Willer & Stelen	19 PLACE OF BURIAL OR REMOVAL  Wish Litery  20 UNDERTAKER  P. Marklines for	ADDRESS
If more blan	ks are needed, address State Re	gistrar, 6 E. Franklin St., Balto., Requesting V. S.	No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care statement. who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



1		N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	RECORD	EXACTL ssified, E
52020	A PERMANENT	should be stated r be properly class f certificate.
מ	THIS IS	at it may
4VED	INK-	supplied is, so the
7 0 1 1	UNFADING	e carefully plain term See instruc
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be sta should state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.
	WRITE	y item of inforuld state CAUS
V. S. No. 1.		N. BEvel

Coun	1 PLACE OF DEATH  ty Balto 17340	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3.7
Villag	ge or City Narren (No.,	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
V.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE   5 SINGLE, MARRIED, WIGOWEO OR OIVORCEO (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
- 54	(Month) (Day) , 1915	that I last saw h alive on Il Burth, 1910,
7 AG	Still Birth ds. 1 day. hrs. or min.?	and that death occurred on the date stated above, at
par (b	CUPATION ) Trade, profession, or iticular kind of work ) Generat nature of industry iness, or establishment in ch employed (or employer)	(Ouration), rs) mos. ds.
	RTHPLACE (State or country) Md	Secondary Contributory Contribu
RENTS	10 NAME OF FATHER This. E Sheeles  11 BIRTHPLACE OF FATHER (State or country) Mid  12 MAIOEN NAME	(Signed) (Address) (Address) (Box (Address) (Box (Address) (Box (Box (Box (Box (Box (Box (Box (Box
PA	13 BIRTHPLACE OF MOTHER (State or country). MA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of desith
	(Informant) Thus, Skiller	If not at place of death ?  Former or  wswal residence
15 File	(Address) Naview And delet 28, 1815 PBeworn JMD Deputyrepistran	Popular Centry Dot 29, 1913 20 UNDERTAKER FOR THOM Sheet Sparkes MA
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housetaken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal nune, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, etc., state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"PUERPERAL perilonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childlapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... when a definite disease can be ascertained as the by railway train-accident; Revolver The contributory (secondary or intercuras "Publiperal septichaemia," State cause for which "Atrophy," nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 4 1915 BUREAU, V.S.

N. B.

1 PLACE OF DEATH	STATE OF MARYLAND
County Caltinail 17341 G	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Lightandtones Syn	[If death occurred in a hespital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH October 23, 1965 (Month) (Day) (Year)
October (Month) (Day) (Year)	
a OCCUPATION (a) Trade, profession, or particular kind of work  2 1 day, hrs. OR mia.?	The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General natore of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributor Banks frames // de
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	State the Pispase Causing Death, or, in deaths from Violent Causing, state (1) Years of Indust; and (2) whether Accidental,
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) At place of death yrs. mss. 3 ds. Stats, whose discoses contracted, If not at place of death?
(Informant) William Fialkowskio  (Address) /6/8 Castern ave.  15 Filed 237937 915 Stagen M.C.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  ADDRESS  ADDRESS
more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. ave

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm loborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. 利門

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH See Instructions on back DEATH in plain CAUSE OF Important.

1 PLACE OF DEATH

Village or City Catousvelle

17342

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

St.;....Ward)

Ilt death occurred in a hospital or Institution. give Its NAME Instead of street and number. I

	2 FULL NAME John Smith	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$1	Wale COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, WIDOWED, Write the word)	18 DATE OF DEATH (Month) (Day (Year)
6 D/	ate of BIRTH when Juh Juh	17 I HEREBY CERTIFY, That I attended deceased from 191 , 191
7 AC		and that death occurred on the date stated above, at
(a) par (b)	CCUPATION Trade, profession, or ricular kind of work	Skistle Rood, Solid he had been Sight for a few days of was John to Cotourelle
9 B I	RTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER WILL	(Signed) (Suration) yrs mos ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At piace In the of death yrs mos ds. State yrs mos ds
	Interment) Cotomorle Palice States	Where was disease contracted, If not at place of death?  Former or usual residence.
16 File	address Lalounulle high	Jalem Getter lus Date of Burial  20 UNDERTAKER ADDRESS
	REGISTRAP	un C Parti + So. Onto

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nection is very important, so that the relative healthfuicated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—in all expect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is iess definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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certificate. 0 back instructions important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No fif death occurred in -Ward) a hospital or lostitution. give its NAME instead Simil of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1915 WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I sttended deceased from DATE OF BIRTH Day (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH\* OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (ar employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ \_ ds. Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?. Former or usual residence BURIAL OR REMOVAL (Address).... DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; been changed or given up on account of the disease the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Fyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or misearriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can "Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," The nature of the "Exhaustion," cause for For VIO-



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

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Village or Gity Spruns Pontho 531,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4  Regis
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Accupation  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  5 SINGLE, MARRIED, WIDOWED, WIDOWE	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1915, to Let 14, 1915, that I last saw have allive on Let 13, 1915, and that death occurred on the date stated above, at 23,65m, The GAUSE OF DEATH* was as follows:  Character duckers titled Mephanics
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (Scate or country)**  10 NAME OF	Contributory Municipal Processing Secondary  (Duration) yrs mos ds.  Contributory Municipal Processing Secondary  (Duration) yrs mos 3/ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  Labelians	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds
(Informant)  (Address) 5 3 1 2 St. Africa Porces  (Address) 5 3 1 2 St. Africa Porces  (Address) 5 3 1 2 St. Africa Porces	Where was disease contracted, If not at place of death?  Former or usual residence

ADDRESS more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state oecupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease Statement of occupation-Precise statement of occupa Spinner, especially in industrial employments, it is nec-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" aant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inamition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) injury, as fracture of skull, and eonsequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of



PHYSICIANS Letatement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death accurred in a hospital or institution. give its NAME Instead of street and number. ] EXACTL RECORD classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX stated 4 COLOR OR RACE 5 SINGLE, 18 DATE OF DEATH MARRIED. PERMANENT WIDDWED OR DIVORCED properly rtificate rite the word) 6 DATE OF BIRTH pino pe (Day) (Year) (Month) TAGE If LESS than may and that death occurred on the date stated above, at tal back 1 day, hrs. AG The CAUSE OF DEATH \* was as follows: mln. ? +2 that 00 OCCUPATION carefully supplied (a) Trade, profession, or particular kind of work 00 (b) General nature of Industry terms. instructi business, or establishment in which employed (or employer 9 SIRTHPLACE (State or country) C 4 . è i 1D NAME DE pe c FATHER pino Important T S IT BIRTHPLACE ENT OF FATHER a (State or country) \*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT Lil CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental. 50 0 Œ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. Ad. OF MOTHER of Informati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS) 13 BIRTHPLACE At stace DF MOTHER In the Li 100 (State or country WRITI of death .....yrs. mss. ..... Stats. Where was dissess contracted. Every item of should state COCCUPATION If not at place of death? usual residence OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS 03 Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or-given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 urs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report n.ere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from ehildbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably such, if impossible to determine definitely Engles: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.... Ill death occurred la a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. DATE OF DEATH MARRIEO, WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE It LESS than t day,.....hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishmen! in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUAY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death ...... yrs. ..... mos. ..... ds. (State or country State ..... yrs. Where was disease contracted. If not at place of death?. Former or usual residence. DATE OF BURIAL Coewell 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the outy definite syuouym is "Epidemie eerebrospinal meutingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, perilonacum, etc., Carcin-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ... It death occurred in .Ward) a hospital or institution give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR RACE WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 6.45 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry. business, or establishment lo (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. (Secondary) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE A1 place to the OF MOTHER (State or country) yrs. .... mos. State Where was disease contracted. It not at place of death?... Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

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cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speci-Groecry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. it should be used only when needed. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indlworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," As examples: The question For persons "Foreman," (4)

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic ocid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Aecidental drowning; Struck by railway train-accl-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of \_\_\_ which surgical operation was undertaken. For vioer" is less definite; avoid use of "Tumor" for malls. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," \_\_ (name origin; "Candeath), 29 "Exhaustion," Examples:

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.



S. No. 1.

	1 PLAGE OF DEATH	STATE OF MARY	LAND
Count	Jalimux 17348	CERTIFICATE OF	DEATH
Count	$\times$ 1 40	( Registered	No. 32
Villag	ge or City likesvelle (No.	St; Ward)	[it death occurred in a hospital or institution, give its NAME instead
	* FULL NAME GROVER /G / Q.	le :	of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 SEX	14 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month)	29, 1918 (Day) (Year)
6 DATE	OF BIRTH  (Month) (Day) (Year)	fully 1915 to OCK	The state of the s
7 AGE	30 yrs. 5 mos. 29 ds. ormin.?	and that death occurred on the date stated sho The CAUSE OF DEATH* was as follows:	ove, at 11:00 fr. m.
particula	e, protession, or fallsman	Juliususuy July	adias
business,	or establishmenf in iployed (or employer)	(Doration) 3	rsds.
9 BIRTH (State	PLACE or country) Mayland	Contributory(Secondary)	***************************************
10	NAME OF CASEA Pase	(Signed) EGMelhols	rsds
	BIRTHPLACE OF FATHER State or country)  Penna	*State the DISPASE CAUSING DEATH OF Ind	
	MAIDEN NAME TO BOOK MALL	*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, or HOMICIDAL.	
13 g	BIRTHPLACE OF MOTHER State or country)  Mayland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS) At place in the of death yrs,	
	mant) Lattra ase	Where was disease contracted, If not at place of death?  Former or usual residence.	******************************
16	(Address) Phlsville	DEPLACE OF BURIAGOR HEMOVAL DA	TE OF BURIAL
Filed.	ch. 31-, 191 J AMy las / aglos,	20 UNDERTAKER AD	hesoille

Ik more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of lii-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuii, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Example: Meastes (disease causing death), 29 ds.: cer" is less definite; avoid use of "Tumor" for malk ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senite." etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis nant neoplasms) : Heastes; Whooping cough: Chronic oma. Sarcoma. etc.; of ... "Contributory." Bronchopncumonia (secondary), 10 ds. Nevertreport The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name origin; "Can-State cause for Examples: FOE VIO-



V. S. No. 1.

ery /	PLACE OF DEATH	STATE OF MARYLAND
id st	County Ballo 18349	CERTIFICATE OF DEATH
Shou	- // 14	Registration Dist. No.
PAT	Village or City Highlandlaum (No. 3305 C	anlow accurred to a hospital or institution,
SICH	m the off	give Its NAME Instead of street and number.]
PHY	2 FULL NAME Matthew Than	mas,
rent	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
KACTI	4 COLOR OF RACE SINGLE, MARIED, MARIED, WIDOWED,	16 DATE OF DEATH (Def. 19, 191)
E E	Male While (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That l attended deceased from
Exa	B DATE OF BIRTH	June 20, 1915 to Set 19, 1915.
s st.	(Month) (Day (Year)	that I last saw have alive on Oef 19, 1915
d b	(Month) (Day (Year)	and that death occurred on the date stated above, at 23 Pm.
clas	59 yrs 11 mos 8 ds. OR min.?	The CAUSE OF DEATH* was as follows:
in si		Carenoma of Tongue
P AGI	(a) Trade, profession, or particular kind of work.	
o d	(b) General nature of industry.	
ay b	business, or establishment in which employed (or employer)	(Duration) yrs / mos ds.
ate.	9 BIRTHPLACE (State or country)	Contributory Cy Gausley
at lifte	(State or country) md	(Duration) yrs mos ds.
care ce	10 NAME OF FATHER O	18igned) Le The Claualidie "
0 m 0	of TIBERTHPLACE COM and Thomas	Oct 20, 1915\(Address) 619 S. Clinky
uld bag	OF FATHER (State or country)	
sho n te	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
plai	of MOTHER Sixabeth Sixab	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPERSE
- In	13 BIRTHPLACE OF MOTHER	Af piace In the
ATH Inst	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
of DE	O + I · · · · · · · · · · · · · · · · · ·	If not at place of death?
F OF	(Interment) Whish Thomas	Former or usual residence
ry it	(Address) 3305 Canton ave	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CAL	16 Office (les And on	1 af Xau 10-22, 1916
0	Filled Sel. 90, 1915	20 UNDERTAKEN ADDRESS ADDRESS
Z.,	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approyed by U. S. Census and American Public Health

cated thus: causing neath, state occupation at beginning of illtion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an hast line will be sufficient, e. g., Farmer or Planter, copplies to each and every person, irrespective of age. For many occupations a single word or term on the uess of various pursuits can be known. The question been changed or given up on account of the nisease of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. assary to know (a) the kind of work and also (b) fivil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report



V. S. No. 1.

1 PLACE OF DEATH  Bulling 17350	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 1
Village or City of Child Soughos, 2 FULL NAME Lettie Thom	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH CLASS (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)  7 AGE  1 tf LESS than 1 day, hrs. OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	and that death occurred on the date stated above, at
11 BIRTHPLACE OF FATHER  (State or country)  MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)  MAIDEN NAME OF MOTHER (State or country)  MAIDEN NAME OF MOTHER (State or country)  MAIDEN  MAIDEN	(Signed)
(Informant) Sautusties  (Address) Dischartes August  (Address) To The BEST OF MY KNOWLEDGE  (Address) Dischartes August  15  Filed St 4, 191 5  REDISTRAR	Where wes disease contracted, If not et place of death? Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS  ANDRESS  ANDRESS  ANDRESS

If more blanks are needed, address State Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at heginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foremon, (b) Auto-"Foreman," "Manager," "Dealer," etc., without more mobile factory. especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciun, Compositor, Architect, first line will be sufficient, e. g., Former or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," Locomotive engineer, If retired from

Statement of Case of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified, is indefinite);

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations cause. on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated Struck by railway troin-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonities," etc. State cause for which "Heart failure," "H: emorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uramia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Soreoma, etc., of . . . head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning; birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the genital," lapse," "Coma," "An temia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," The contributory (secondary or intercur-"Convulsions," "Debility" etc.), "Dropsy," "Atrophy," "Exhaustion," ("Con-



N.B.

	PLACE OF DEATH 17351  Baltimore  Bey View Asylum.  (No. (No. (No. (No. (No. (No. (No. (No.	HOGPTTAL SL; Ward)	of DEATH st. No. 41  [If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME William A. Thompso	on	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 se	MARRIEO, WIOOWED	16 DATE OF DEATH Getober (Month)	(Day) (Year)
6 DA	(Month) (Day) (Year)  (Month) (Day) (Year)  (E   If LESS than 1 day, hrs. or min.?	Sept. 4th 191 5 to Oct that I last saw h imalive on Oct and that death occurred on the date st	tober 14th, 5 ober 14th, 1915 ated above, at 11.20
(b) General nature of Industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Maryland		Hypertension  Lutofry (Durslien) yrs mos de Contributory Broncho-pneumonia	
10	10 NAME OF William Thompson	(Signed)  Oct. 14th 1015 (Address) W.T.Y. MOSPITAL  *State the DIBRASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At piece in the of death yrs. 1 was. 10.ds. State, yrs. mos. ds.  Where was dissess contracted,	
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME		
	OF MOTHER Rosie Farring  13 BIRTHPLACE OF MOTHER (State or country) Maryland  14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE		
(Informant)		ff ent st place of death?  Former er  usual rasidance 2042 Orleans S	t.
16	(Address)	Baltimore Cemetery	10/17 , 1915
File	Oct. 15, 1915 MILLIAM BALY. REGISTRAN	Philip Herwig	ADORESS 2016 Orlenas
	Il more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	St.



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, wife, Housework, or At Home, and children, not gainfully mill; (a) Salesman, (b) 'roccry: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the misease causing meath, engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the write Nonc. Housemaid, etc. -('oal minc, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-The material worked on may form part If the occupation has been changed Women at home, who are engaged in At home. Care should be Never return "Laborer," The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anacmia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be accertained as the genital," "Scnilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by "PUERPERAL peritonitis," ctc. or miscarriage as "Puenpenal septichaemia," by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercurcarbolic acid-probably State cause for which "Atrophy," (Recommendations wound of ("Con-



RECORD RMANENT THIS

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Instructions

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DEATH

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Item 9 CAUSE OF Important.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. It death occurred in St.:....Ward) a hospital or institution. give its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Year) 17 HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? OCCUPATION (a) Trade, profession or particular kind of worke (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Violente Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the ot death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_ Where was disease contracted. TRUE TO THE If not at place of death?. Former or (Informant) usual residence. DATE OF BURIAL (Address). 15 UNDERTAKER ADDRESS If more blanks are needed, address State negistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.;



V. S. No. 1.

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	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE Of DEATH in plain terms, so that it may be properly classified. Exac OCCUPATION is very important. See instructions on back of certificate.
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replace of DEATH  County Balto 17353  Village or City Municipa(No. Jul.)  2 FULL NAME Resignation	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5. SINGLE) MARRIED ANNIEL WINOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17   HEREBY CERTIFY. That   attended deceased from
G DATE OF BIRTH  (Month) (Day) (Year)	that I last saw her alive on Oct 10, 1915,
TAGE  tf LESS than 1 day, hrs.  OR mia.?	and that death occurred on the date stated above, at // // m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of lodustry business, or establishment in	(Burstion) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER RESTLY HENSON  11 BIRTHPLACE OF FATHER (State or country) marylanes	(Signed) E S
12 MAIDEN NAME OF MOTHER DISCELLO Jennings  13 BIRTHPLACE OF MOTHER (State or country) nanyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the effect In the State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informati)	Where was disease contracted, if net at place of death?  Former or usual residence 1420 Alurchiles At
Filed Oct // 91 5 Miriam Baer	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OWN 191. 5. 29 UNDERTAKER DIVINIS 122 AWISIN



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Fay laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in indistrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercureough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . (name origin; "Caneer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bron-The nature of the injury, as fracture of skull, Examples: Accidental drowning; State eause for which Never report mere "Exhaustion,"



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[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. Housemaid, etc. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon engineer, Stationary fireman, etc. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Locomotive engineer, Civil But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatis birth or miscarriage as "PUERPERAL septichacmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urat mia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "PUERPERAL perilonitis," etc. cause. symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway Always qualify all diseases resulting from ehild-The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere



1 PLACE OF DEATH 17354	STATE OF MARYLAND
County ( )	CERTIFICATE OF DEATH
11.11	Registration Dist. No.
Village or City # Placettown   6 -	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Widdwed or Divorced (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
OCC 2 . 851	191 , to 191 , 191 ,
(Month) (Day) (Year)	that I last saw h lalive on
7 AGE	and that death occurred on the date stated above, at 1, m.
64 yrs mos 2 ds or min.?	The CAUSE OF DEATH * was as follows:
CCCUPATION (a) Trade, profession, or particular kind of work  Accupation	Bed in Jung 2
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Guration) yrs mos S ds.
9 BIRTHPLACE (State or country)	Secondary Jall Stower
10 NAME OF RATHER adam & France	(Signed) (Si
11 BIRTHPLACE WILL.	Cos 5, 181. S. (Address) Leuronde Cup
Z OF FATHER (State or country)  12 MAIOEN NAME  12 MAIOEN NAME	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1)* Means of Injury; and (2) whether Accinental, Sulcidal or Homicidal.
of MOTHER (atherine Houser)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	OR RECENT RESIDENTS) At placs in the of death
(Informent) Mrs. 70m; Robinson	If net at place of death ?
(Address) 129 L. Cross St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  On the first part of
Fred CeT. G., 1947 Clare TUCCausly	Dak hawn Cemellery OC
If more blanks are needed, address State Registrar, 1	16 W Saratoga St. Batto Requestres S. No. 1. 1435 4 Harful

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Scrvant, Cook, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer, mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton -Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, The material worked on may forin part Locomotive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatus "PUERPERAL peritonitis," etc. birth or miscarriage as "l'UERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uramia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never report mere wound of



V. S. No. 1.

N. B.

MYSICIANS should state of OCCUPATION Is very RECORD -Every item of information should be carefully supplied. AGE should be stated EXACTLY. MAY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Village or Gity Cedar Croft (No. 24  2FULL NAME Chester Backus To	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word)  4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH ON 18 1915  (Month) (Day (Year)  17 St HEREBY CERTIFY, That A attended deceased from 1915, to 00 17 1915, that I last aaw h. m. alive on 00 17 1915.
7 AGE (Month) (Day (Year)  7 AGE (Month) (Day (Year)  1 LESS than 1 day, hrs. 0 CCUPATION (a) Trade, profession, or particular kind of work  Retired Coffen Broller	and that death occurred on the date stated above, at 12.30 gm.  The CAUSE OF PEATH* was as follows:
(b) General nature of industry, business, or establishment in which amployed (or employer)  BIRTHPLACE (State or country)  Baltman  Country  Baltman  Country  Baltman  Country  Country  Baltman  Country  Countr	Contributory Newrons frame.  Secondary  (Buration) 8 yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) Phila Pa  12 MAIDEN NAME OF MOTHER CAM Granne Smith	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds  Where was disease contracted, if not at place of death? Former or usual residence.
Flied Oct 18, 1915 M. 9 + orte REGISTRAR	DATE OF BURIAL OR REMOVAL  COPPLACE OF BURIAL  COPPLACE OF BURIAL  OCT 1915  20 UNDERTAKER  ADDRESS Orchard  M. W. Jenkins & Low Comme Cullon

If more blanks are needed, address State Registrar, 6 1. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a dcfinite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; Never report



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	Every ltem of information should be carefully supplied. AGE should be stated EXACTLY. P CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement emportant. See instructions on back of certificate.
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UNFA	Every Item of information should be carefully supplied. CAUSE OF DEATH is picin terms, so that it may be pi important. See instructions on back of certificate.
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in (No..... St.;....Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Mont) (Day) (Year) 7 AGE If LESS than f day, .... hrs. The CAUSE OF DEATH \* was as lollows: OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) ..... which employed (or amployer) ..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER S 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos, ...... ds. State ..... yrs. \_ .... mos. Where was disease contracted. if not at place of death? (Informant) -usual residenca. 19 PLACE OF BURIAL (Address 20 UNDERTAKER REGISTRAF If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: (a)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. genital," mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," oma. Sarcoma. etc., of \_\_ cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Polsoned childbirth or miscarriage, as "Purereral scotichae etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tctanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 de. Never report "Contributory." injury, as fracture of skull, and consequences (e. g., is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent "PUEEPEBAL peritonitis," etc. "Old Age," "Shock," "Traemla," "Weakness," Always qualify all diseases resulting from Meastes (disease causing "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3.



1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Carc should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid preumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull. and consequences (e. g., sepsis, tclanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenelature of the American Medical Association.)



	PLACE OF DEATH	STATE OF MARYLAND
	Daltinore 17358	CERTIFICATE OF DEATH
C	ounty Jacumer 2	Registration Dist. No. 38
٧	iliage or City Camellon (No	St.; Ward)  [If death occurred in a hospitat or lostitution, give its NAME lostead
	* PULL NAME albina E. J.	Van Reuth et street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	emale state Single, Ningle wisower, windle white the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH May 2 1844	Seft. 1. 191 40 Oct 23, 191 5.
7 .	(Month) (Day) (Year)  GE   If LESS than	that I last saw h allve on
7 A	GE 1 LESS MAIN 1 day,hrs.	and that death occurred on the date stated above, at 100 m, The CAUSE OF DEATH* was as follows:
	yrs	The GAUSE OF DEATH* was as follows:
Xa	CCUPATION ) Trade, profession, or rticular kind of work	Coobal Heworks
	Genoral nature of industry, Iness, or establishment in	(Burotian) was mad
wh	ch employed (or employer)	(Duration) yrs mos ds.
State or country) Breda - Holland		(Secondary)  (Secondary)  (Secondary)  (Deration)  (Deration)  (Deration)  (Deration)
	10 NAME OF Felix Van Routh	(Signed) , M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)  Holland	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
PARENT	of Mother atherine Vanden Mass	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, It not at place of death?  Former or
	(Address) Hamilton Balto Co.	19 PKACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Oct 24 Me & Summer	29 AMPOERTAKER ADDRESS
FII	REGISTRAR It more blanks are needed, address State Registran	William book 502 E north ave
	7 Month Market McGratta	of a me a resonant of the forth and forther first and the

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[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

cause. Always qualify all diseases resulting from such, if impossible to determine definitely. Examples childbirth or miscarriage, as "PUERPERAL scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of \_ ture of the American Mcdical Association.) cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can death), 29 State cause for "Exhaustion,



15

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf death occurred in St.:...Ward) a hospital or institution. give Its NAME Instead of street and number. I

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 191. (Day (Month) (Year) and that death occurred on the date stated above, at Contributory Secondary \*State the Disease Causing Death, or, in deaths from Violen's Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

ı	OR RECENT RESIDENCE (FOR	HOSPITALS, INSTITUTIONS,	TRANSIEN	TS
	Af place	In the		
	of death yrs mos ds	s. State yrs	mos.	d

Where was disease contracted. If not at place of death?

usual residence

20 UNDERTAKER

ADDRESS

🎢 more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Civil cugineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner; (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnilc," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Brouchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



V. S. No. 1.

N.B

1 PLACE OF DEATH

Cou	nty Ballinger	CERTIFICATE OF DEATH
VIIIa	age or City Bay V: aw. (No. City  2 FULL NAME Harry Vogt	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mull 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)		16 DATE OF DEATH  (Month)  (Day)  (York)
6 DATE OF BIRTH 7 (Month) (Day) (Year)		that I last saw h Malive on Off 9 191 5.
7 AC	F / Yrs, mas, ds, OR min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or Conformation (b) General nature of industry business, or establishment in which emplayed (or employer)  BIRTHPLACE		Denil. Ty  axery selar of  (Burellon) yrs mes. ds.  Contributory Museum al
(0)	10 NAME OF FATHER ?	Secondary Cultury (Duration) yrs. 10 most 4s. (Signed)
ARENT	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Dwath, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At placs in the of deethyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)		Whera was disease contracted, if not mt place of death?  Former or usual residence 1710 11, Montford and:
16 File	ed 109 1915 Muram Baer  PEGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  DEXII 195  20 UNDERTAKER LATTICE  ADDRESS  14 42 1, Bdway
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

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STATE OF MADVIAND

[Approved by U. S. Census and American Public Health Association.]

business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired Housemaid, ctc. write Nonc. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; or miscarriage The nature of the injury, as fracture of skull The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause (Recommendations "Exhaustion," ACCIDENTAL, wound of for which

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence All the test is essential and must be obtained before the certificate is permanently filed.

PER OCT 12 1915

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Instructions

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred is St.; .Ward) a hospital or institution. give Ifs NAME Instead of sfreef and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF S.SINGLE. DATE OF DEATH WIDOWED, Diedouco (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? .mos ..... BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULCIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ \_ mos. \_ ds. State \_ Where was disease contracted. If nof at place of death?-Former or

> 20 UNBERTAKER REGISTRAR If more blanks are needed, address State Registrar & E. Franklin St., Barto., Requesting V. S. No. 1.

usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

. 191.5



# CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease of persons engaged in domestic service for wages, as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uracmia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligscpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," uere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For Vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

A PERMANENT

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should state	County Bullinus 17302	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
RHYSICIANS shot	Village or City Spranistrick (No. 12, 2)	The St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
Sat Th	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Statem	Mule White Springle, Munical, Willower, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)
ed. Exact	6 DATE OF BIRTH  (Month)  (Day (Year)	that I last saw have allve on Walt 2 2 1915
should b	7 AGE  1 t LESS than 1 day,hrs. 0 c min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
AGE proper	(a) Trade, profession, or particular kind of work.	Eurengua Stonwels
may be	(b) General nature of industry, business, or establishment in which omployed (or employer)	(Duration)
fully su	9 BIRTHPLACE (State or country) Muhamman	Secondary (Duration) yrs. mos. / ds.
so the	10 NAME OF Mulanum	(Signed) Truck to Expect, M. D.
should by terms, on back	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
ormation H in pial structions	of Mother Mulanula 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds
F DEAT	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, if not at place of death?  Former or
use of	(Address) 10 W. E. St Spelinshad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
B.—Ever CAU Impo	Flies Oct 31 7,1915 G. CHC Corning M. D. BEGISTERS	20 UNDERTAKER ADDRESS

/If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 12



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. mia," "Puerpenal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichuecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as cause of death approved by Committee on Nomencla-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City allugton (No. 107.)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 34-  [If death occurred in a hospifal or institution,
FULL NAME Mary M	Magnet give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
May 7, 1897.  (Month) (Day (Year)	1915, to 30 , 1915, that I last saw h 2 allye on 2 2 7 , 1915
(Month) (Day (Year)  7 AGE   If LESS than   1 day, hrs.   OR	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs 7 mos. ds.
9 BIRTHPLACE (State or country) Paltimore Ind	Contributory Secondary  (Duration) yrs mos ds.
OFFATHER (State or country) Ballermund	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) Baltunae ma	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of deathyrs mos ds
(Informant) Orman Wagner	Where was disease contracted, If not at place of death?  Former or usual residence
15 File Oct. 31-/1915 - Awry a. Nachor REGISTRAN	Duthedral Dem ADDRESS 1944  Outhedral Colon Address 1944  ADDRESS 1944  ADDRESS 1944
If more blanks are needed, address State Regist	rar, 6 E. Frayklin St., Balto., Requesting V. S. No. 1.

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### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: who have no occupation whatever, write None. been changed or given up on account of the disease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopmeumonia ("Tneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Marasgenital," "Senile," cte.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic eer" is less defiuite; avoid use of "Tumor" for malig-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cte., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... [If death occurred in a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. (Day ORDIVORCES (Write the word) I HEREBY CERTIFY, That I attended deceased Troin DATE OF BIRTH Con (Month) (Day TAGE If LESS than and that death occurred on the date 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ---9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. \_ Where was disease contracted. 14 THE ABOVE IS If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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nalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae ete., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State eause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PHYSICIANS should state of OCCUPATION is very Exact statement EXACTLY. properly classified. AGE should Every item Important.

1 PLACE OF DEATH County Boltmon Village or City Oak Park (No., Washington St.; Ward)

2FULL NAME Walker

17365

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MANUEL, MANUEL, WIDGMED, ORDINORCED (Write-the word)	16 DATE OF DEATH / / / / / / / / / / / / / / / / / / /
6 DATE OF BIRTH 1915~	17 I HEREBY CERTIFY, That I attended deceased from 1915, to 5th 1, 1915,
7 AGE  2/2 200 200 11 LESS than yrs	and that death occurred on the date stated above, atm,  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	2 /2 south history  (Duration) yrs mos ds.
10 NAME OF FATHER AUTOUR Wylker	Contributory Manager Secondary  (Duration) yrs mos ds.  (Signed) AAAAA N D
11 BIRTHPLACE OF FATHER (State or country)  12 MAINTENNAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Boltonion	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) - User	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Dak Park, Trelethorpe 10	DATE OF BURIAL OR REMOVAL  OTT 1915  20 UNDERTAKER  ADDRESS  Valothorse

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

tion is very Important, so that the relative healthfulshould be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments. It is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Luborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tubereuccesis of lungs, meninges, peritonaeum, etc., Carein-

oma, Sarcoma, etc., of...... (name origin; "Canuant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae "Heart failure," "Haemorrhage," "Inauition," "Marus-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease cansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



1 PLACE OF DEATH	STATE OF MARYLAND
County Balto 17366	CERTIFICATE OF DEATH
1	Registration Dist. No.
Village or City Morrell Jack No. Dey	St.; Ward) a hospital or institution,
*FULL NAME Frances Ma	Silesus & give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Semale Whit Single, Married, Widowed, or Divorced (Write the word)	16 DATE OF DEATH OCL / 191 (Month) (Day (Year)
6 DATE OF BIRTH Seb. 19 1890	17 I hEREBY CERTIFY, That I attended deceased from 1915, to 00 1915,
(Month) (Day (Year)  7 AGE   If LESS than	and that death occurred on the date stated above, at 12 m,
2,5 yrs. 8 mosds. 1 dayhrs.	The CAUSE OF DEATH * was as follows:
Coccupation (a) Trade, profession, or particular kind of work	Phthing Pelmonalin
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) / yrs 6 mas. — ds.
9 BIRTHPLACE (State or country) Russian. Popland.	Contributory Secondary  Secondary  (Buration) / yrs 6 mos 78
10 NAME OF LIKE Kas pszass.	(Signed) Fr & Milieffer, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MOTHER  14	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother now Known	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
13 BIRTHPLACE OF MOTHER (State or country) Not Known	At place in the of deathyrs, mos ds. Stateyrs, mos ds
(Informant) Tasel Masilessials	Where was disease contracted, If not at place of death?
(Address) Morree Park	19 PLACE OF BURNAL PATE OF BURNAL
Filed Lt 19 1915 T.H. Ruhl.	20 UNDERTAKER Q. ADDRESS &
If more blanks are needed, address State Regis	rar, 6 E. Franklin St., Balto Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestie service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Groeery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croud"); I bodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned accidental, suicidal, or monicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for malig-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV. 3 1915 BUREAU, V.S. 1 PLACE OF DEATH

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V. S. No. 1.

Col	17367	CERTIFICATE C	F DEATH
00.		Registration Di	st. No4
Vill	age or City (No	St.;Ward	a mospital of meaning,
	FULL NAME alexander	Wason	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	F DEATH
n	Lale Valente of Single, Marrieo, Milota of Single, Milota of Singl	(Month)	7-3, 1915 (Day (Year)
6 D/	ATE OF BIRTH WW Duow,	17 HEREBY CERTIFY, That 1915, to	1723 , 191.C.
	(Month) (Day (Year)	that I last saw h. Maailve on	190
TAC	If LESS than 1 day,hrs.	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	d above, atm,
	yrsmosds. ORmin.?	The GAUSE OF BEATH Was as follows:	A -++
(a)	CCUPATION' ) Trade, profession, or	Ollyony &	Mishbale
	filcular kind of work	nequili	
bus	iness, or establishment in chemployer)	(Duration)	yrsmosds.
	RTH PLACE (State or country)	Contributory	· · · · · · · · · · · · · · · · · · ·
	10 NAME OF	(Duration)	yrsds.
	FATHER THE MASOL	(Signed)	ece M. D.
TS	11 BIRTHPLACE OF FATHER	21/1 1 (Address)	MACHELLA.
PARENT	(State or country)  12 MAIDEN NAME	*State the Disease Causing Death, o Causes, state (1) Means of Injury; a Tal, Suicidal, or Homicidal.	r, in deaths from VIOLENT and (2) whether Acciden-
PA	OF MOTHER LU DUOCO	16 LENGTH OF RESIDENCE (FOR HOSPITAL	
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State	yrs, mos, ds
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	1906000000j 6060000000
	(Informant)	Former or usual residence	20.00000 m n g g ( ama ama a ma g d a second personne production of the second personne personn
16	(Address) Vaolswelle hid	19 PLACE OF BURIAL OR REMOVAL Mount Carmel	Cect. 26, 1915
Fil	ed elt 24, 1915 Mothanism 220 T. REGISTRAR	Tills Le Zeile	4038 Wolfes
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V	S No. 1

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutics of the honsehold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement: the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulessis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronehopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of Always qualify all diseases, resulting from (Recommendations on statement of State cause for "Exhanstion," For VIO-



V. S. No. 1.

Coun	PLACE OF DEATH 17368  MUNICIPAL TUBERCULOSIS	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villag	go or City (No. , )	St; Ward) [If death occur a hospital or instit give its NAME is of street and num
7.0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 se	4 COLOR OR RACE 6 SINGLE, WILDOWS OF DIVORGED  OR DIVORGED  A STRICTURE WOOD  A STRI	16 DATE OF DEATH (Month) (Day)
6 DA	TE OF BIRTH TO THE COMMENT OF THE OF BIRTH TO THE COMMENT OF THE C	that Tast saw 6 21 alive on OC
7 AG		The CAUSE OF DEATH * was as follows:
T par	CCUPATION ) Trade, profession, or control cont	(Ouration) yrs. 2 mos.
whi	RTHPLACE (State or country)  Rattimuse Pad	Contributory Begondary 200 255
	10 NAME OF PATHER Of hed Walts	(Signed) E - S . Cov /2
RENTS	11 BIRTHPLACE OF FATHER (State or country) Unknown 12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Viol. Causes, state (1) Means of Injury; and (2) whether Accinent
PAF	OF MOTHER Party Ognes  13 BIRTHPLACE OF MOTHER (State or country) Unknown	or RECENTRESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENTRESIDENTS)  At place to the state, s
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not al piece of death?  Former or usual residence/6/3  Ocleans  L
	, , , , , , , , , , , , , , , , , , , ,	
16	(Address)	DATE OF BURIAL OR REMOVAL DATE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile foctory. The material worked on may form part mill; (o) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Loca engineer, Stationary fremon, etc. precise specification as Day loborer, Farm laborer, Laborer know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic ocid-probably to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "Puenperal seplichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (mcrely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping railway train—aecident; Revolver wound of State cause for which Never ACCIDENTAL, report mere



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#### PHYSICIANS PERMANENT properly supplied. UNFADING may certificate. o back terms, plain See instructions 5 DEATH 0 mportant. Every It

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIES WIDOWED. ORDIVORCED (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h.... (Day \_ alive on \_\_\_\_\_, 191\_\_\_ (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) ......20st which employed (or employer) ..... Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_ Where was disease contracted. If not at place of death?-Former or (Informant). usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 ADDRESS REGISTRAR If more blanks are needed, sidress State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

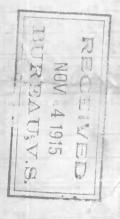


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons it should be used only when needed. additional line is provided for the latter statement; eases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. scpsis, tctanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase eausing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report For vio-



N.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
	St; Ward)  [If death occurred in a hospital or insiliulion, give its NAME inslead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mule Sucil 5 SINGLE MARRYED, WIDOWED OR DIVERSION (Write the word)	(Month) (Day) (Year)  ### HEREBY CERTIFY. That   attended deceased from
Month) (Day) (Year)	that I last saw him alive on Oct 10, 1915, and that death occurred on the date stated above, at 63.0 fm.
byrs. mos. ds. or min.?  B occupation (a) Trade, profession, or particular kind of work (b) General nature of industry	The CAUSE of DEATH & was as follows:
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  (State or country)	(Durstion) yrs. ds. ds.  Contributory Secondary  (Buratian) yrs. mos. ds.
10 NAME OF FATHER (State or country) (A)  11 SIRTHPLACE OF FATHER (State or country) (A)  12 MAIDEN NAME OF NOTHER  13 MAIDEN NAME OF NOTHER	(Signed) E. S. Cook  M. O.  Oct - 10 1915 (Address) Municipal St. Hoffe  State the Disease Causing Death, or, in leaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicinal of Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of deeth yrs. 7 mes. 2 3ds. State, 7 cyrs. mos. ds. Where was disease contracted, if not at place of deeth?
(Infermant)	Former or Ray Nim alur House
(Address)  16 Filed 10/12, 191 5 Missiam Baer REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  B, V, V,  10/120 UNDERTAKER  L. Hollyday Sup X  B, V, W.
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St. Balto., Requesting V. S. No. 1.



# MUSILE BITHIN'S MITH IMPEDING INK - THIS IS Y BEUNEVIEW SECOND

The state CAUSE OF DEATH in plain terms, so that a properly classiste. Exact statement of

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

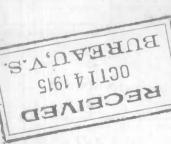
[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be of the second statement. Never "Foreman," "Manager," "Dealer," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Collon write None. Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Wonien at home, who are engaged in Statement of Occupation-Precisc statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, For persons who have no occupation whatever, Never return "Laborer," Locomolive engineer, Civil But in many cases, etc., If retired from without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

birth or miscarriage as "Putaperal seplicharmia," on statement of cause of death approved by Committee "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths mus," under the head of "Contributory." > (Recommendations and consequences (c. g., sepsis, telanus) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as Thebably such, if impossible state means of injury, and qualify as accidental, etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstitial ges perilonaeum, etc., Carcinoma, Sarcoma, etc., of ......... (name origin; "Cancer" is less definite; avoid use of Struck cause. "Heart failure," "Haemorrhige," "Inanition," "Marasmus," "Old Age," "Shock, "JUraemia," "Weakness," genital," "Senile," etc.), chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. to determine definitely. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping If this certificate is blocked over thoroughly and all ques-Nomenclature of the American Medical Association.) by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Accidental drowning; "Dropsy," Never report merc may be stated "Exhaustion,

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fired.



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DEATH

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PHYSICIANS

PERMANENT

#### LACE OF DEATH



#### STATE OF MARYLAND

ADDRESS

CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred is a hospital or institution give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE. DATE OF DEATH MARRIED, 1915 mutalela WIDOWED. (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place in the \_\_ yrs. \_\_ State \_\_\_\_\_ yrs, \_\_\_ Where was disease contracted tf not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

#### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: causing dearif, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the Disease causing death—Name, first, the Disease causing death—Name, first, the Disease causing death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic gerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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#### Very 10) should OCCUPATION PHYSICIANS statement classified. properly AGE supplied. pe may that 20 0 back terms. pino piain instructions = of Inford Every Item CAUSE OF FO Important.

RECORD

PERMANENT

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, Jugle WIDOWED. (Month) ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from wive on ..... (Day (Year) 7 AGE II LESS Than and that death occurred on the date stated above, at... The CAUSE OF DEATH \* was as follows ...min ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER arrowstown 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ (State or country State \_\_\_\_\_ yrs, \_\_\_\_ mos, \_ ds. Where was disease contracted. if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

(Maton.

I'lf death occurred in

a hospital or institution.

give its NAME inslead of street and number.]

(Day

DATE OF BURIAL

ADDRESS



### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PHYSICIANS should state of OCCUPATION is very

may be properly classified. Exact statement

be stated

should

AGE

carefully supplied.

so that it

See instructions on back of certificate.

DEATH in plain terms.

Every Item of information CAUSE OF DEATH in pial

N.B.

important.

RECORD

PERMANENT EXACTLY.

WRITE PLAINLY, WITH

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fymol Wine Single, Married, Willowed, ORDIVORCEO (Write the word)	16 DATE OF DEATH LLS. 15 , 191.5 (Month) (Day (Year)
Month) (Day (Year)  Age   If LESS than	that I last saw h alive on Class A 1915 and that death occurred on the date stated above, at 11 C m
OCCUPATION (a) Trade, profession, or particular kind of work  1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishmont in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Contributory (Duration) 2 yrs mos. ds.  Contributory (Duration) yrs 3 mos. ds.
10 NAME OF FATHER Cley curcles HEAS.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) Jack G G J J J J J J J J J J J J J J J J J
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Salto., Regiesting V. S. No. 1.



### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Agc," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., whou a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) totanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1.

		ould state	
	RECORD	PHYSICIANS SHOT OF OCCUPATIO	
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
>		Z	

Village or City Ouring Mice (No. Pos wer)  2FULL NAME Men, Wh	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruele While (Write the word)	16 DATE OF DEATH October 77, 1915 (Month) (Day (Year)
TAGE  Way 21 , 188  (Month) (Day (Year)  TAGE  If LESS that 1 dayhrs OCCUPATION  OCCUPATION	The time double occurred out the date stated above, at
(a) Trade, profession, or how old of State Mistatules  particular kind of work  (b) General nature of Industry, business, or establishment in for Jeeble Head of  which employed (or employer)  BIRTHPLACE	Status Epileplieus  (Duration) yrs mos. 2 ds.  Contributory Secondary
10 NAME OF FATHER Michael G. Wheder  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) Trank W.K. caling, M. D.  Get. 27, 191 S. (Address) Auriga Niells Mil.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place of death 9 yrs, 8 mos, 14 ds.  Where was disease contracted,
(Informant) Sunt W. Keary  (Address) Bevry Mich  15  Filed Och. 27/1310 Straslaste  REGISTRAR	If not at place of death?  Former or  Soul residence  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  Chestrut  istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

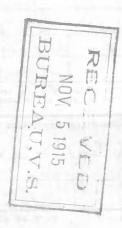
[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childblrth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Sculle," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



MARGIN RESERVED	WRITE PLAINLY, WITH UNFADING INK-TH	N. BEvery item of information should be carefully supplied.
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V. S. No. 1.		BEvery
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7	of DEATH CITY		CERTIFICATE OF DEATH
		10000	Registration Dist. No. 41
Village or City.	/ JLL NAME	Maria White	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSO	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
<sup>3</sup> SEX	4 color or race Black	5 SINGLE, MARRIED, WIDOWED WICOW OR DIVORCEO (Write the word)	October 15th , 1915 (Month) (Day) (Year)
6 DATE OF BIR	(Mon	(th) (Day) , 7 <b>846</b> (Year) tf LESS than 1 day, hrs.	October 5th , 191 5, to October 15th , 191 5 that I last saw h. er alive on October 14th , 191 5 and that death occurred on the date stated above, at 8 • 45 AM. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profe particular kind	ession, or of work		Aortic & Mitral Insufficiency
9 BIRTHPLACE (State or col  10 NAME FATHI  11 BIRTH OF FAT  12 MAIDE OF MO 0.  13 BIRTH OF MO (State	(or employer)  Maryland  OF ER  John Howa  PLACE THER OT COUNTY)  NAME LOTHER MARY GA  PLACE OTHER OT COUNTY)  IS TRUE TO THE BES	and ither	Contributory Arterio Sclerosis Secondary  (Signed)  Contributory Arterio Sclerosis Secondary  (Signed)  Contributory Arterio Sclerosis  (A)  Contributory Arterio Sclerosis  (Signed)  Contributory Arterio Sclerosis  (A)  Contributory Arterio Sclerosis  (A)  Contributory Arterio Sclerosis  (A)  Contributory Arterio Sclerosis  (Signed)  (A)  Contributory Arterio Sclerosis  (A)  Contributory Arterio Arterio Arterio Arterio Arterio Arterio Arterio Arterio Arteri
riicu	If more blanks	REGISTRAR are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Furmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemoid, etc. If the occupation has been changed taken to report specifically the occupations of persons business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Plonter, Physiknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--('oul mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grocery: (a) Foreman, For persons who have no occupation whatever, Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and calisation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated cause. mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, OF HOMICIDAL, or as probably such, if impossible "PUENPERAL peritonities," etc. State cause for which birth or miscarriage "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Senile," etc.), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic rabular haart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of..... "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BINDING FOR INK-THIS RESERVED UNFADING MARGIN WITH

PHYSICIANS should state of OCCUPATION is very PERSONAL AND STATISTICAL PARTICULARS Exact statement PERMANENT should be stated EXACTLY. S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) B DATE OF BIRTH so that it may be properly classified. (Day) (Month) 7 AGE If LESS than 2 1 day,....hrs. OR ..... AGE OCCUPATION (a) Trade, profession, or non particular kind of work. carefully supplied. (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF of pe OF FATHER (State or country) See Instructions on back DEATH in plain terms. PARENT Information should 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14THE ABOV of (Informant Every item CAUSE OF Item Important. (Address) 15 l. REGISTRAR

PLACE OF DEATH

#### STATE OF MARYLAND CE

FOT	IFIC	ATE	OF	DEA	TH
				1	

.....Ward)

Registration Dist. No

fif death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL				
16 DATE OF DEATH		L	19	, 1915
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Och 19 , 191				
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he CAUSE OF DEATH * w	vas as follo	Ws:		
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Contributory			************	
(Secondary)				
(Secondary)	(Duration	)	/rsm	os. ds
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(Secondary)  Signed) 6 Mul	es l	Vhe	eles	, N. D
(Secondary)  Signed) 6 // Signed	dress) 21	29 W	lu	etian
(Secondary)  Signed) 6 Mul	dress) 21 SING DEATH OF INJURY	Vhe	clus com	Literary VIOLENT
(Secondary)  Signed)	dress) 27 SING DEATH OF INJURY	Vhe 29 11 d; or, in d; and (2	eaths from the whether	VIOLENT ACCIDEN-
(Secondary)  Signed)	dress) 21 sing Death of Injury Idal.	of in d; and (2)	eaths from the whether	VIOLENT ACCIDEN-
(Secondary)  Signed)	dress) 24 SING DEATH OF INJURY IDAL.	of the cap in the	enths from whether	VIOLENT ACCIDENT
(Secondary)  Signed)	dress) 24 SING DEATH OF INJURY IDAL.	of the cap in the	enths from whether	VIOLENT ACCIDENT
(Secondary)  Signed)	dress) 24 SING DEATH OF INJURY IDAL.	of the cap in the	enths from whether	VIOLENT ACCIDENT
(Secondary)  Signed)	dress) 24 SING DEATH OF INJURY IDAL.	of the cap in the	enths from whether	VIOLENT ACCIDENT
(Secondary)  Signed)	dress) 24 SING DEATH OF INJURY IDAL.	of the cap in the	enths from whether	VIOLENT ACCIDENT
(Secondary)  Signed)	dress) 27  SING DEATH OF INJURY DAL.  E (FOR HOSPI  ds. S	or, in d; and (2)	enths from whether	VIOLENT ACCIDEN-
(Secondary)  Signed)	dress) 27  SING DEATH OF INJURY DAL.  (FOR HOSPI  ds. \$	or, in d; and (2)	eaths from ) whether ritutions, yrs,	VIOLENT ACCIDENT
Signed)	dress) 27  SING DEATH OF INJURY DAL.  (FOR HOSPI  ds. \$	of the care of the tate	eaths from ) whether ritutions, yrs,	VIOLENT ACCIDEN-
(Secondary)  Signed)	dress) 27  SING DEATH OF INJURY DAL.  (FOR HOSPI  ds. \$	of the care of the tate	eaths from ) whether ritutions,	VIOLENT ACCIDEN-

If more blanks are needed, address State Registr



### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. 8, Census and American Public Health Association.]

been changed or given up on account of the DISEASE who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-CAUSING DEATH, state occupation at beginning of ili-Housewife, Housework, or At Home, and children, not mine, etc. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscia of lungs, meninges, peritonacum, etc.. Carcinoscia of lungs, meninges, peritonacum, etc...

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacmus," "Oid Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoptusms); Meastes; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig ture of the American Medicai Association.) Accidental drowning; Struck by railway train—accietc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras. Bronchopncumonia (secondary), 10 ds. oma. Surcoma. etc., of "Contributory." The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. THYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County	PLACE OF DEATH  DALLO	17277	(28)	STATE OF MAR CERTIFICATE OF Registration Dist	F DEATH
Village	or City MUNICIPA	aues Wu	SIS HOSP !	Ward)	[if death occurred a hospital or institution givo its NAME instead of street and number.
	PERSONAL AND STATIST	ICAL PARTICULARS	, n	MEDICAL CERTIFICATE O	F DEATH
3 SEX	le Bluck.	SINGLE, MADRIED, WID DED OR BUT OFFICED (Wrue the word)	16 DATE OF DE	(Month)	29,191 (Dat), (Yes
	OF BIRTH (Mont		ben	7,1915, to De whamallye on De	7 29 ,191 7 29 ,191
7 AGE	76 yrs	it LESS t 1 day, nos ds. ORmin	irs. The call of G	h occurred on the date sta FDEATH * was as follow LUSIO TULLUI	ted above, at T. C.s.:  ynalis.
(b) Go busines which of	enoral nature of industry ss. or establishment in ompleyed (or ompleyer)  HPLACE ate or couptry  LT  LT  LT  LT  LT  LT  LT  LT  LT  L	niu.	Contribute		yrsmos
S 11	BIRTHPLACE OF FATHER (State or country)  MARGON NAME OF WATHER OF WATHER	eliams	(Signed) E.  Oct.30 State the CAUSES, state SUICIDAL or	S. Cook	icihal Il
13	BIRTHPLACE OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	18 LENGTH OF I OR RECENT R At place of desthyrs. Where was disease If not at place of c	mes 2 ds. State, contracted,	Oyrs
(Into	(Address)	i i	Former or usual resident?	19. Drud H Vant Ba	DATE OF BURIAL
Filed /	1	May Bell REGISTRAR	·vvvy	Balto., Requesting V.S. No. 1.	578 W. Bigg



## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing neath, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Ilousethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question write Nonc. Housemaid, etc. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Coal minc, etc. is very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Uraemia," "Weakness, etc., when a definite disease can be ascertained as the rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstilial under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICINAL, OF HOMICINAL, OF as probably such, if impossible state means of injury and qualify as accinental, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles, Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL seplichuemia," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound Examples: Accidental drowning; State cause for which Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Auto-6 yrs.). For persons who have no occupation whatever, or given up on account of the nisease causing death, Housemaid, ctc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Couon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the nees of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as At school or applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, Locomotive engineer, The material worked on may form part At home. Care should be Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness, "Anaemia" (mercly symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." IRccommendations and consequences (e. g., scpsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound "PUEHPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. suicide. The nature of the injury, as fracture of skull, "Heart failure," "Hacmorrhage," "Inanition," "Marasor miscarriage as "Puendennal septichaemia," The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the conditate is permanently filed.



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#### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cian, Campositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager." "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the nisease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. mobile factory. business or industry, and therefore an additional line write Nonc. business, that fact may be indicated thus: Farmer (retired Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer," (b) Awo-

fever (the only definite synonym is "Epidemic cerebrotime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid pneumonia") Statement of Cause of Death-Name, first, the DISEASE

> "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," "Tumor" for malignant neoplasms); Measles; Whaoping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... under the head of "Contributory." (Recommendations surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of on Nomenclatan of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., scpsis, tclanus) may be stated Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from childhead-homicide; Poisaned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; or miscarriage The nature of the injury, as fracture of skull, The contributory (secondary or intercuras "PUERPERAL seplichaemia," State cause for which "Exhaustion," ACCIDENTAL,

If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before terrificate is permaneutly filed. adswered An detail, it will prevent further correspond-



N.B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

County Datumer 1:330	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 32
Village or Gity The soulle (No	St; Ward). [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inde Thate Single, Midowa on Divorce (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Donf Chau (Month) (Day) (Year)	that I last saw ham alive on Och 22 196
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 6 2 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Manyland	Contributory Encle Requirele on (Secondary)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF FATHER DONG / CNOW  11 BIRTHPLACE OF FATHER (State or country) Dong / Cnow  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Addr
OF MOTHER Want Know  13 BIRTHPLACE OF MOTHER (State or country) Ont Know  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place   In the of death
(Address) Prhisvello	Former or usual residence.  19 PLAGE OF BURIAL OR REMOVAL  DATE OF BURIAL  191
Filed Ct. 73, 191 MM (1) Meylor REGISTRAR  12 more hlanks are needed, address State Begistran	20 UNDERTAKER Lielluge - ADDRESS Peresville

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#### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. minc, etc. statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples:

Statement of cause of death—Name, first, the diblease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the thonia," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skuil, and consequences (e. g. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUTEPERAL scpticharmus," "Old Age," "Shock," "Traemia," "Weakness," genital." "Senile." etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection uecd not be stated unless important. valvular heart disease; Ohronia interstitial nephritis nant neoplasms) : Mcasles; Whooping cough: Chronio cer" is less definite; avoid use of "Tumor" for malle. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head dent; Revolver seound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Cour	ntyBa	ltimore	1738			STATE OF MACERTIFICATE  Registration D	
Villa	ge or City <sup>2</sup> FUL	L NAME	(No.	11son		<b>St.;</b> Ward)	[If death occurre a hospital or institut give its NAME Inst of street and number
	PERSON	NAL AND STATIS	TICAL PARTICUL	LARS	MEDI	CAL CERTIFICATE	OF DEATH
3 SE	emale	4 COLOR OR RACE Black	5 SINGLE, MARRIEO, UN WIDOWEO UN OR DIVORCED (Write the word)	known	•	ober 28	th (Day) , /(Y
6 DA	TE OF BIRTH			, 7 865. (Year)	October 26t	CERTIFY, That I all the house of the house o	ober 28th,
7 AG		(Mor	mosds.	If LESS than 1 day, hrs. OR min.?	and that death oc	curred on the date s	stated above, at .5.4
hai				10			
O bus	) General naturi siness, or estat ich employed (o IRTHPLACE (State or coun	olishment in r employer)	m		Contributory	(Duration)	, yrs mos.
9 Bi	O Seneral nature siness, or estatichemployed (e.g., presented for the siness of the si	e of industry allshment in r empleyer)  try)  Wnknow  Unknow				(Duration)	yrs. mos.
9 Bi	O Seneral naturi siness, or estati ich employed (o IRTHPLACE (State or coun 10 NAME O FATHER 11 BIRTHPL DF FATH (State or	try)  Unknow  Unknow  Unknow  Unknow  LER  r country)  Unknow	m		(Signed) (Si	Pearlon)  Leaves  (Address)	Clarker Hos
9 Bi	OF MOID  Seneral natural siness, or estaticish employed (of the employed (	try)  Unknow  Unknow  Lear  Toologian  Toologian  There  Unknow  Acce  Lear  Toologian  NAME  THERE  Unknow  Acce  Lear  Toologian  Unknow  Acce  Lear  Toologian  Unknow  Acce  Lear  Toologian  Unknow  Acce  Acce  Lear  Toologian  Unknow  Acce  Acce  Lear  Toologian  Acce  Lear  Toologian  Acce  Acce  Acce  Acce  Lear  Toologian  Acce  Lear  Toologian  Acce	own		(Signed)  (Signed)  State the Dr. CAUSEA, state (1) SUICIDAL OF HOMIC  18 LENGTH OF RESIDE OR RECENT RESIDE	(Address)  (Address)  SPARE CAUSING DIATE, of Meins of Injury; and IDAL.  DENCE (FOR HOSPITALS	Touter Hours, in deaths from Violes (2) whether Accionnt.
S E N W W W W W W W W W W W W W W W W W W	10 NAME O FATHER  11 BIRTHPL  12 MAIDEN  13 BIRTHPL  13 BIRTHPL  15 MAIDEN  16 MAIDEN  17 MAIDEN  18 MAIDEN  18 MAIDEN  19 MAIDEN  18 MAIDEN  1	try)  Unknow  Tunknow	m own own	DGE	(Signed)  State the Dr. CAUSEA, state (1) SUICIDAL OF HOMIC OR RECENT RESIDE At place	Mens of Injury; and the	Touter Hours, in deaths from Violes (2) whether Accionnt.
S E N W W W W W W W W W W W W W W W W W W	10 NAME O FATHER  11 BIRTHPL  12 FATH  (State or Education of FATHER  11 BIRTHPL  12 FATH  (State or Education of MO  13 BIRTHPL  DF MOT  (State o	The secondary of s	m own own	DGE	Secondary  (Signed)  State the Dr. CAUSEA, state (1) SUICIDAL OF HOMIC  18 LENGTH OF RESIDE At placs of death yrs. Where was disease contract if not at place of death?  Former or	(Buration)  CAUST  (Address)  SPARE CAUSING DIATH, e MRINS OF INJURY; and IDAL.  DENCE (FOR HOSPITALS NTS)  In th mes. 2de. Sta	or, in deaths from Violes (2) whether Accionne.

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[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoengineer, Stotionory fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, write None. Housemaid, etc. taken to report specifically the occupations of persons precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

and consequences (c. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver wound "Puerperal peritonitis," etc. State cause for which . "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia nephritis, etc. to determine definitely. or miscarriage Always qualify all diseases resulting from child-(seeondary), 10 ds. The contributory (secondary or intercuras "PUERPERAL septichaemia, Examples: Accidental drowning; Never "Exhaustion," report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that It may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	STATE OF MARYLAND		
County Ballimore 17882	CERTIFICATE O	OF DEATH	
	Registration Di	ist. No. 33	
Village or City Lessless love (No. , , )	Succio St.; Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day) , 191 C	
	I HEREBY CERTIFY, That I at	tended deceased from	
S DATE OF BIRTH  Oct. 1915	that I last saw h alive on	A COURT LIE	
7 AGE (Month) (Day) (Year) 1 day, hrs.	and that death occurred on the date s		
yrs, mos. ds. OR min.?	The CAUSE OF DEATH * was as follo	ws:	
SOCCUPATION (a) Trade, profession, or particular kind of work	Cornalie	203 mle	
(b) General nature of industry business, or establishment in	At Nortation)	1215 - 1mis \ 1	
which employed (or employer)  BIRTHPLACE (State or country)  Md	Contributory Secondary	12014 J	
10 NAME OF FATHER blance Wolone	(Signad) TVVVSlade	yrs. mos	
U 11 BIRTHPLACE OF FATHER (State or country)  W	State the DISPAGE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; and	, in deaths from VIOLENT	
of MOTHER Pulle Gamber	SUICIDAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS,		
13 BIRTHPLACE OF MOTHER (State or country)  Med	OR RECENT RESIDENTS) At place In the af death yrs. mas. ds. State Where was disease contracted,	i,yrsmosd	
(Informant) Rulle W. S.	if not at place of death?		
(Address) Resolution and	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
Flied Oct 1 1915 - 1 TWSlady REGISTRAR	20 UNDERTAKER  Norman	ADDRESS	
	16 W. Saratoga St., Balto, Requesting V. S. No. 1		



## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseespecially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used applies to each and every person, irrespective of age. Housemaid, etc. business or industry, and therefore an additional line Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in the second statement. Never return "Laborer," For persons who have no occupation whatever, If the occupation has been changed (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, heod-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Mcasles; Whooping on Nomenclature of the American Medical Association.) cause. or miscarriage as "Puerperal septicharmia," Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-State cause for which Never report mere

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NOV 5 1915
BUREAU, V.S.

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	LAINLY	Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that It ma Important. See instructions on back of certificate.
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... Ilf death occurred in Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, si 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? OCCUPATION (a) Trade, protession, or Oparticular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Doration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE , 191 ). (Address) Sleve OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ ds. State ..... yrs. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE It not at place of death?-Former or usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nover return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (2)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory (Recommendations on statement of (secondary or intercurrent)

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NOV 5 1915

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Village or City Fullerton (No. 2 FULL NAME Michael	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single Wiooway under the word	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That Lattended deceased from
Oct. 5 1875	(1917), to (OC), 1915,
7 AGE (Month) (Day) (Year)	that last saw have alive on and a 1913,
B OCCUPATION  B OCCUPATION  A) Trade, profession, or	The CAUSE OF DEATH * was as follows:
Particular kind of work Alford	
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Surelien) pre. mee. de.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER 1	Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)
11 BIRTHPLACE OF FATHER (State or gountry) 12 Maides Dame	State the DISEASE CAUSING DEATH, or, in deaths Grow VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL,
of Mother herine Rohe	SUICIOAL OF HOMEGOAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the ef death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Carreller Commerces  (Address) Fullerton, Md.	19 PLACE OF BURIAL OF REMOVAK DATE OF BURIAL
15 FRED 10/7/, 1915 W. F. Clayton!	or los ephs lemelery 10/1, 1915
If more blanks are needed, address State Registrar,	W. Saratoga St., Balto., Requesting V. S. No. 1.  M.S.

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Lobar pneumonia, Bronchopneumonia ("Pneumonia" unqualified, is indefinite); Tuberculosis of lungs, menm spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to term for the same disease. time and causation), Statement of Cause of Death-Name, first, the DISEASE using always the same accepted Examples: Cerebrospinal

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUIGIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichacmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-State cause for which "Exhaustion,"

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BUREAU, V.B. BUREAU, VED

N. B.

PLACE OF DEATH	STATE OF MARYLAND			
Balline In	CERTIFICATE OF DEATH			
County Sacrana	Registration Dist. No. 421			
Village or City het Writing (No. Russ 2 FULL NAME Heldin many	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, Lingle OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)			
	HEREBY CERTIFY, That I attended deceased from			
16 DATE OF BIRTH  Oct 8 1515	8 ,191.3 , to OCT 8 ,191.5 ,			
(Month) (Day) (Year)	that I last saw her alive on			
7 AGE It LESS than 1 day rs.	and that death occurred on the date stated above, at 2,30 m.			
no yrs no mos no ds. ordomia 2	The CAUSE OF DEATH * was as follows:			
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	premature birth			
business, or establishment in which employed (or employer)	(Ouration)mosds.			
9 BIRTHPLACE (State or country)	Secondary Secondary			
10 NAME OF FATHER CHILDS SCUTT	(Signed) (Buration) yrs mes ds.			
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,			
of Mother Elle Wright	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place of deathyrsmoads. State,yrsmosda.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
(Informant) Elsie Wright	Former or usual residence			
(Address) mt Williams	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Met Aubiens Control of July 1915			
Filed bot 8, 1915 F. Rull - REGISTRAR	29 UNDERTAKER JOSPH GOTZILLERAM			
f more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

17385

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that act may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servent, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Trocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee Struck by railway train-occident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Dropsy," "Exhaustion," "An temia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic volvular heart discose; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "H emorrhage," "Inanition," "Maras-Example: Meosles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of gcs, perilonocum, etc., Carcinoma, Sarcoma, etc., of. " "Old Age," or misearriage as "Puerperal septichaemia," The contributory (secondary or intercur-"Shock," "Uracmia," "Weakness, State cause for which Never report mere (Recommendations wound of

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NOV. 3 1915 BUREAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND of RICIANS CERTIFICATE OF DEATH County Registration Dist. No. If death accurred in a hespitat or institution. give its NAME instead of street and number. RECORD PERSONAL AND STATISTICAL PARTICULARS CATE OF DEATH 5 BINGLE. class 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, PERMANENT WIDOWED (Day OR DIVORCED (Month) 6 DATE OF BIRTH pino Ce (Month) (Day) of 7 AGE If LESS than ath occurred on the date stated above. krs. G The CAUSE OF DEATH # was as follows: min. ? 60 supplied (a) Trade, profession, er particular kind of work (b) General nature of Industry business, er establishment in which employed (or employer carefully. Contributor 9 BIRTHPLACE (State or country) C See 10 NAME OF 11 BIRTHPLACE RENT OF FATHER (State or country State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL 0 4 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS EW 13 BIRTHPLACE In the of infor S State.  $\supset$ (State or country) mes. ..... should state CAI Where was disease contracted. 14 THE ABOVE KNOWLEDGE If not at stace of death? ucuai rasidenze DATE OF BURIAL (Address 15 ADDRESS 0 REGISTRAR more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

A 21117

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISPASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of SUICINAL, or HOMICINAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Wcakness," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee head-homicide; Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning, cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-(name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerreral septichaemia," "Coma," "Senile," etc.), "Dropsy," Poisoned by carbolic acid-probably "Convulsions," "Debility" ("Con-Never report mere "Atrophy," "Col-"Exhaustion," important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TO TO THE STATE OF THE STATE OF

V. S. No. 1.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... It death occurred in a hospital or institution. give its NAME Instead ot street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDDWED. (Month) ORDIVERCED (Write the word) (I)av (Year) I HEREBY CERTIFY. That I attended deceased from (Month) (Year) (Dav 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or Orone particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ... Chore Contributory BIRTHPLACE Secondary (State or country) und. 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs.\_\_\_ Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registray, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### REVISED UNITED STATES STANDARD . CERTIFICATE OF DEATH

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should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: additional llue is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by earbolic acid-probably suicide. The nature of the such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby which surgical operation was undertaken. For vio mia," "PUERPERAL perilonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Marasthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acei-LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convnisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion,"

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